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Development and Validation of the Well-Being Signs (WBS): A Clinical Measurement Tool

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Executive Summary

Bottom Line Up Front (BLUF)

- The Well-Being Signs (WBS) tool is a brief screening tool that can be used within the health-care context to gather information about veterans' everyday life functioning.
- This measure provides insight into how patients are doing in their daily lives.
- An initial evaluation of the psychometric quality of the WBS suggests that it has high reliability and validity and is able to capture change in military veterans' well-being over time.
- The finalized version of this tool is included in the box below.

For these questions, please consider the **most important things** that you do, or wish to do, in your daily life. This might include having a job, spending time with family and friends, participating in leisure-time activities, or managing your health or finances. **If you are not sure which response to choose, please make your best guess.**

Over the past three months, what percentage of the time have you been:

1. **Fully satisfied** with how things are going in these aspects of life?
2. **Regularly involved** in all aspects of life that are important to you?
3. **Functioning your best** in aspects of life that you do participate in?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

WBS Use – Intended Use and Limitations

- This brief three-item tool was developed in response to the need for a very brief screening tool that could be used by providers interested in obtaining a snapshot of how well patients are doing in their daily lives.
- The distinguishing feature of this tool is its focus on what patients are *doing* in their daily lives (i.e., their psychosocial functioning) – the extent to which they can participate in the activities that are most important to them, can function well in those activities, and are generally satisfied with how things are going in their lives. Although other brief measures have been developed to address individual's satisfaction with their lives, and there are measures that address veterans' perceptions of how their health may negatively impact their daily functioning, we are not aware of any other brief measure that focuses on the extent to which veterans are able to do the things that are most important to them in their daily lives.
- Building on prior work that highlights the value of considering different dimensions of veterans' well-being (Vogt et al., 2019), this measure builds on other brief measures that have focused predominantly on veterans' satisfaction with life (e.g., Cantril's ladder; Cantril, 1965) to also consider veterans' participation and functioning in the most important aspects of their lives.
- This tool was designed to measure aspects of well-being that are more proximal to health-care experiences than measures of other outcomes that are likely to be more downstream outcomes of health care like overall happiness or what is sometimes referred to as "flourishing." Although the ultimate goal of good health care is to help individuals achieve these more downstream

outcomes, the more immediate impact of good health care is likely to be the promotion of individuals' ability to participate and function well in activities that are most important to them. In turn, individuals who are able to do the things that are most important to them in their daily lives are likely to experience better downstream outcomes.

- This measure was designed to assess patients' perceptions of their overall well-being rather than to evaluate their perceptions of how their health impacts their well-being. This was done because (1) our goal for this tool was to focus on psychosocial functioning rather than individuals' perceptions of how their health impacts their functioning; (2) measures that require veterans to ascribe reasons for poor functioning are often of questionable validity (Bovin et al., 2018); and (3) even when poor well-being is not due to health limitations, improving psychosocial functioning remains within the purview of a "whole health" approach to supporting patients in living a more fulfilling life. Because of its broad nature, scores on this measure cannot be directly attributed to health or health care and it is likely that other factors besides health or health care may influence scores on this measure. For example, an individual who is caring for a family member who is experiencing an acute health crisis may report being less able to participate in important activities than usual. While not caused by an individual's own health limitations, negative impacts on functioning due to caregiving stressors (as well as other contributors to functioning) are important to address in efforts to provide holistic health care.
- The most important purpose of this tool is to "change the conversation" between providers and patients from a more narrow focus on treating disease to a broader focus on improving well-being. Specifically, this tool can be used to expand the focus of conversations between providers and patients to consider not only whether patients are experiencing disease and dysfunction but also how they are doing their day-to-day lives (i.e., their well-being).
- This tool can also be used to identify individuals who may benefit from whole health and other health-care services, monitor changes in well-being, and evaluate how health-care impacts well-being.
- The response format for this measure requires respondents to indicate the percentage of time they have been able to participate, function well, and are satisfied with how things are going in their daily lives.
- It is recommended that four scores be derived – one for each indicator and one that reflects the average of the three indicators.
- These items can be clinician administered or self-administered.
- Individuals who desire in-depth information about patients' well-being, particular those seeking a tool for research purposes, should use more detailed measurements, as a three-item measure cannot provide information that is as nuanced as a more comprehensive measurement tool. For example, one might consider using measures from the Well-Being Inventory (WBI), a multidimensional and scale-based measurement tool that can be used to assess individuals' status, functioning, and satisfaction with regard to the four key life domains of vocation, finances, health, and social relationships.

WBS Use – Application within VA Health-Care System

- In CPRS and CERNER, this measure is referred to as “Well-Being Signs”
- In CPRS and CERNER, respondents can choose from 11 responses: 0% - 100%. While it would be preferable to allow patients to choose any value between 0 and 100%, open-ended questions cannot be displayed or scored easily in these formats.
- CERNER carries forward the last charted value so that providers can see what that is and update as needed.
- All values on the WBS measure are displayed in a chart on CERNER so providers (and patients) can see how scores have changed over time.
- Providers can assign patients to complete the WBS on the patient portal/myhealthy vet before the appointment on a mobile device or laptop.
- Total scores of lower than 20% and changes of 20% or greater are flagged for the provider.

Current Version of WBS and History of Revisions

- We have revised WBS items since they were initially developed.
- Primary revisions were to (1) expand instructions to reference how individuals are doing in activities they participate in now, as well activities they would like to be participating in, (2) use simpler language than “roles and activities” in instructions, and (3) further differentiate participation and functioning item to clarify their different focus (first about whether individuals are able to do the things they want to do in their lives; second about whether individuals are functioning well in the things they are able to do).

Psychometric Evaluation of the WBS

- We have collected initial evidence regarding the psychometric quality of the WBS in two studies.
- The first study (Study 1) was a survey of approximately 300 VA health-care users who were assessed twice, with the goal of evaluating the WBS’s reliability, validity, and sensitivity to change.
- The second study (Study 2) was a pilot evaluation of the WBS’s sensitivity to change conducted as a part of the evaluation of a VA Wellness Promotion Program (N=18).

Study 1: Psychometric Results from First Administration to Veterans (N=307)

- Most veterans reported relatively high well-being on these items, but there was sufficient dispersion on items (varied responding across individuals).
 - Satisfaction: $M = 70.3$, $SD = 29.9$
 - Participation: $M = 66.8$, $SD = 31.6$
 - Functioning: $M = 67.1$, $SD = 31.8$
- The internal consistency reliability of the three items was very high (.89 for entire sample), suggesting that items covaried highly.

- Relationship with Single-Item Measures of Well-Being: The total WBS score correlated strongly with other brief indicators of well-being (correlations ranging from .61-.72 (*large* effect size) for the entire sample in expected direction), suggesting that what is assessed by this measure is highly related to what is assessed in other brief indicators of well-being. Yet, the fact that these correlations did not exceed widely accepted thresholds for poor discriminant validity (i.e., $r > .80$; sources: Kline, 2005) suggests that what is assessed by this measure is sufficiently distinct from other measures (likely because of its focus on what veterans are doing in their daily lives, which is not something addressed in many other brief well-being measures).
- Relationship with Well-Being Inventory measures: Large range of correlations with WBI domain functioning measures and WBS functioning item, with *small* to *medium* effect sizes [.17 to .42] -- Health functioning being the largest [.42]; large range of correlations with WBS domain satisfaction measures and WBS satisfaction item, with small to large effect sizes [.26 to .59] -- health satisfaction being the largest [.59], followed by satisfaction with broader social relationships [.49]. These analyses confirm that although the WBS draws from the WBI's focus on status/participation, functioning, and satisfaction, what is measured in the WBS is distinct from the WBI. This is likely due to the fact that the WBS requires a general assessment of the most important aspects of veterans' lives whereas the WBI provides a multi-dimensional assessment of well-being in four key life domains irrespective of their identified importance to veterans.
- Relationship with Health and Social Variables: Overall, the WBS total score and the three individual WBS items, had *small* to *large* sized correlations with health-related constructs (i.e., anxiety symptoms, depressive symptoms, PTSD symptoms, global health, global mental health, global physical health, and chronic stress) in the expected direction. Overall, the WBS total score and the three individual WBS items, had *medium* sized correlations with social-related constructs (i.e., social support and loneliness) in the expected direction. These findings suggest that the WBS captures information on both veterans' health and social well-being, although it is more aligned with their health, likely reflecting the salience of health concerns for veterans in the sample (who, like VA patients, tend to be on the older side with health conditions).

Study 1: Psychometric Results from Second Administration to Veterans with Updated Items (N=251)

- Just as for the original version of the WBS, most veterans reported relatively high scores on these items, but there was enough variation between individuals (item dispersion) to suggest that they have the potential to capture meaningful differences between individuals.
 - Satisfaction: $M = 67.5$ $SD = 26.8$
 - Participation: $M = 69.4$, $SD = 27.1$
 - Functioning: $M = 69.0$, $SD = 26.0$

- The internal consistency reliability of the three updated items remained high (.91 for entire sample), suggesting that items covaried highly.
- Relationship with original WBS measure: Correlations between the original WBS items and the new WBS items were *large* [.61 to .71] and in the expected direction. The correlation for the original and new total scores was *large* [.77].
- Relationship with Single-Item Measures of Well-Being: The WBS total score correlated strongly with other brief indicators of well-being. Correlations ranged from .59-.77 (*large* effect size) in the expected direction, suggesting that what is assessed by this measure is highly related to what is assessed in other brief indicators of well-being.
- Relationship with Well-Being Inventory measures: There was a large range of correlations with the WBI functioning measures and the WBS functioning item, with *small* to *medium* effect sizes [.21 to .53] – work and parent functioning being the largest [.53]; large range of correlations with WBI satisfaction measures and the WBS satisfaction item with *medium* to *large* effect sizes [.32 to .57] – health satisfaction being the largest.
- Relationship with Health and Social Variables: The WBS total score, had *small* to *large* sized correlations with health-related constructs (i.e. anxiety symptoms, depressive symptoms, PTSD symptoms, global health, global mental health, global physical health, and chronic stress) in the expected direction. Overall, the WBS total score and the three individual WBS items, had *medium* sized correlations with social-related constructs (i.e., social support and loneliness) in the expected direction.
- Change from T1 to T2: We conducted several analyses to provide an initial evaluation of the WBS's sensitivity to change. Specifically, we examined whether WBS scores changed in response to changing health circumstances on the part of veterans. A change of greater than or equal to 10 percentage points we considered preliminary evidence for meaningful change. When examining change on the WBS in response to changes in mental health status, we found an increase of 11.7 percentage points in well-being scores for veterans who recovered from a mental health condition between T1 and T2 (i.e., who endorsed a mental health condition at T1 but not at T2). This finding provides preliminary evidence that the WBS measure is able to capture meaningful change over time. When examining change on the WBS in response to changes in use of whole health services, we found that changes were less than two percentage points for each subgroup (those who increased or decreased their use of whole health care and those whose use of whole health care did not change between T1 and T2). Because this analysis was limited by lack of data on the intensity, duration, or specific timing of service use, we examined change on the WBS for veterans who participated in a well-being promotion course in Study 2.

Study 2: Evaluation of Sensitivity to Change in Taking Charge of My Life and Health (TCMLH) course evaluation of original WBS items (N=18)

- An earlier version of the WBS was included in the TCMLH course evaluation study (see below).

Consider the most important roles and activities in your life. Roles include things like being a parent, an employee, a romantic partner, or a friend. Activities include things like spending time with friends and family, managing money, exercising, or engaging in hobbies or other leisure-time activities. Over the past three months, what % of the time have you been:

- 1) Satisfied with how things are going overall in these roles and activities? [1-100%]
- 2) Able to participate regularly in these roles and activities? [1-100%]
- 3) Able to function well in the roles and activities that you participate in? [1-100%]

- Only 18 people had pre- and post-tests, and scores were relatively high to begin with (likely reflecting the fact that veterans who engage in this course are doing pretty well to begin with), but there was quite a bit of improvement observed for this measure over this 6-8 week period.
- Seven veterans experienced improvements greater than 20 percentage points and 9 veterans experienced improvements greater than 10 percentage points. In contrast, no veterans experienced declines greater than 20 percentage points and two veterans experienced declines greater than 10 percentage points.
- Veterans with the lowest scores at baseline improved most, whereas mid- to high-functioning people stayed roughly the same.
- An additional analysis examined whether the change that was observed was statistically significant. Findings revealed a significant improvement between T1 and T2 for the sample as a whole (average increase of 12.36 points), with a *medium* effect size.
- These findings, while preliminary, provide promising support for the value of this tool in capturing changes in veterans' well-being (i.e., sensitivity to change).

Final Well-Being Signs Items

The final Well-Being Signs items are listed below, along with recommended instructions for completing this measure.

For these questions, please consider the most important things that you do, or wish to do, in your daily life. This might include having a job, spending time with family and friends, participating in leisure-time activities, or managing your health or finances. **If you are not sure which response to choose, please make your best guess.**

Over the past three months, what percentage of the time have you been:

1. Fully satisfied with how things are going in these aspects of life?
2. Regularly involved in all aspects of life that are important to you?
3. Functioning your best in aspects of life that you do participate in?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Study 1: Validation of the WBS

To examine the psychometric properties of the Well-Being Signs (WBS), Ipsos Public Affairs (Ipsos) was contracted to administer a two-part survey to veterans that are part of KnowledgePanel®, a large online research panel that is representative of the United States population. Military veterans who had used Department of Veterans Affairs (VA) healthcare services at least twice within the previous year (between Sept 2019 and Sept 2020) were targeted for this study. KnowledgePanel® members were invited to take surveys via email and screened based on inclusion criteria (e.g., VA use). Screening items are located in Appendix A. The goal of the first survey (T1) was to obtain 300 responses with 25% of the sample under age 55. The goal for the second survey (T2) was to recontact T1 veterans and receive 250 responses. The final sample at T1 included 307 veterans (26% under age 55) and 251 at T2 (24% under age 55). The median completion time was 45 minutes for T1 and 35 minutes for T2. The majority of the items were the same in T1 and T2.

Study 1: T1 Survey

A T1 survey pre-test was launched in mid-September 2020 (N=23 veterans) to ensure survey measures were clear and the data looked appropriate. Any veteran was eligible for this pre-test. A full survey launch was done in mid- and late September 2020 (N=307) using selection criteria (i.e. age and VA healthcare use in past year). The 23 veterans from the pre-test were not part of the 307 veterans in the T1 sample. The survey included the following types of measures: the WBS, other relevant measures of well-being, the Well-Being Inventory, mental health screeners, healthcare use, social support, stress, and military characteristics. The full T1 survey is located in Appendix B.

Sample Characteristics

Information regarding socio-demographic and military characteristics can be found in Tables 1 and 2. The majority of the sample was 55 or above, male, White and non-Hispanic, married, and retired. In addition, the majority of veterans were enlisted personnel and honorably discharged at the time of separation. Almost one-fourth of veterans served after September 11, 2001.

Table 1. Socio-Demographic Characteristics (N=307)

	N (%)
Age	
54 and under	79 (25.7)
55 and above	228 (74.3)
Gender	
Male	274 (89.3)
Female	33 (10.7)
Race/Ethnicity	
White, Non-Hispanic	223 (72.4)
Black or African American, Non-Hispanic	40 (13.1)
Other, Non-Hispanic	5 (1.7)
More than one race, Non-Hispanic	9 (3.0)
Hispanic	30 (9.8)
Level of Education	
Less than high school	2 (0.7)

High school	72 (23.4)
Some college	121 (39.4)
Bachelor's degree or higher	112 (36.5)
Marital Status	
Never married	16 (5.2)
Married	214 (69.7)
Living with a partner	3 (1.0)
Divorced	52 (16.9)
Separated	8 (2.6)
Widowed	14 (4.6)
Household Income	
Less than \$25,000	22 (7.1)
\$25,000 to \$49,999	72 (23.4)
\$50,000 to \$74,999	77 (25.1)
\$75,000 to \$99,999	44 (14.3)
\$100,000 to \$124,999	49 (16.0)
\$125,000 to \$149,999	17 (5.6)
\$150,000 or more	26 (8.5)
Geographical Location	
Non-Metro	62 (20.2)
Metro	245 (79.8)
Current Employment Status	
Not working, retired	187 (60.9)
Not working, disabled	6 (2.0)
Not working, looking for work	5 (1.6)
Not working, other	1 (0.3)
Working, as paid employee	88 (28.7)
Working, self-employed	20 (6.5)

Table 2. Military Characteristics (N=307)

	N (%)
Service Era	
September 2001 or later	67 (21.8)
August 1990 to August 2001	98 (31.9)
May 1975 to July 1990	108 (35.2)
August 1964 to April 1975 (Vietnam era)	150 (48.9)
February 1955 to July 1964	47 (15.3)
July 1950 to January 1955 (Korean war)	12 (3.9)
January 1947 to June 1950	2 (0.7)
December 1941 to December 1946 (World War II)	2 (0.7)
November 1941 or earlier	0 (0.0)
Continuing to serve in NG/R	1 (0.3)
Component during most recent military service	
Army Active Component	113 (36.8)
Navy Active Component	56 (18.3)
Air Force Active Component	58 (19.0)

Marine Corps Active Component	18 (5.9)
Army National Guard	21 (6.9)
Air National Guard	3 (1.0)
Army Reserve	17 (5.6)
Navy Reserve	12 (3.9)
Air Force Reserve	5 (1.6)
Marine Corps Reserve	3 (1.0)
Primary military role	
Combat arms	69 (23.4)
Combat support	106 (36.1)
Service support	119 (40.5)
Military rank	
Enlisted personnel	259 (87.2)
Warrant officer/Officer	38 (12.8)
Nature of separation	
Honorable/General under honorable conditions	292 (96.1)
Other (e.g., UOTHC, punitive)	1 (0.3)
Medical	10 (3.3)
Not sure	1 (0.3)

Note. Service era variable exceeds 100% as veterans were able to select multiple eras that applied to their service; NG/R = National Guard/Reserves; UOTHC = under other than honorable conditions

WBS Response options

Three different versions of the WBS were tested in the T1 survey, which mainly differed based on the response option that was used. The purpose of the different versions was to examine which response options demonstrated the best psychometric properties. Below are the three different versions of the WBS examined at T1.

Version 1: 0 to 100% write-in response option

Over the past three months, what percentage of the time have you been:

1. fully satisfied with how things are going overall in your most important roles and activities? [0-100%] _____
2. able to regularly participate in the roles and activities that are most important to you? [0-100%] _____
3. able to function your best in the most important roles and activities that you participate in? [0-100%] _____

Version 2: 'strongly disagree' to 'strongly agree' response option

Thinking back over the past three months, please rate the extent to which you agree with the following statements.

1. I am fully satisfied with how things are going overall in my most important roles and activities.

1	2	3	4	5	6	7
Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree
2. I am able to <u>regularly participate</u> in the roles and activities that are most important to me.						
1	2	3	4	5	6	7
Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree
3. I am able to <u>function my best</u> in the most important roles and activities that I participate in.						
1	2	3	4	5	6	7
Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

Version 3: ‘none of the time’ to ‘all of the time’ response option

Over the past three months how often have you been:

1. <u>Fully satisfied</u> with how things are going overall in your most important roles and activities?						
1	2	3	4	5	6	7
None of the time	Rarely	Occasionally	Sometimes	Frequently	Usually	All of the time
2. Able to <u>regularly participate</u> in the roles and activities that are most important to you?						
1	2	3	4	5	6	7
None of the time	Rarely	Occasionally	Sometimes	Frequently	Usually	All of the time
3. Able to <u>function your best</u> in the most important roles and activities that you participate in?						
1	2	3	4	5	6	7
None of the time	Rarely	Occasionally	Sometimes	Frequently	Usually	All of the time

For each WBS version, a total score was created by averaging responses on all 3 items. Participants who did not provide a response for all 3 items were coded as missing for their total WBS score.

Randomization based on definitions

In addition to the three different response options with the WBS, the first survey also included randomization into two groups. One group received the WBS items just as they were presented above with the stem, “For these questions, please consider the **most important** roles and activities in your life.” The other group received definitions/description of the key words in the items in addition to the stem mentioned previously. The purpose of the randomization was to examine if providing additional

information about the WBS items was helpful to participants answering these questions. The two conditions are described in detail below.

Condition 1 (Received definitions and stem of measure; n=168, 54.7%)

*For these questions, please consider the **most important** roles and activities in your life. Roles and activities include things like having a job, being a parent, and participating in hobbies or other leisure-time activities.*

Please think about your satisfaction, participation, and functioning in your roles and activities.

- *Satisfaction refers to how happy you are overall with how things are going in your most important roles and activities.*
- *Participation refers to your ability to engage in the activities or roles that are most important to you.*
- *Functioning refers to your ability to perform well in the most important roles and activities you participate in.*

Condition 2 (Received stem of measure only; n=139, 45.3%)

*For these questions, please consider the **most important** roles and activities in your life.*

WBS Version 1 (0-100%)

Descriptive Statistics and Reliability

Table 3 displays descriptive information for the total WBS score and the three WBS items. There was dispersion on all three items, as well as the total score. The internal consistency reliability of the three items was high ($\alpha = .89$), suggesting that items covaried highly.

Table 3. T1 Descriptive Statistics for WBS Version 1

	Minimum	Maximum	Mean	Standard Deviation
Total WBS Score	0	100	67.97	28.21
Satisfaction Item	0	100	70.32	29.88
Participation Item	0	100	66.83	31.57
Functioning Item	0	100	67.08	31.76

We examined whether participants answered similarly across the three items. Two hundred and ten (68%) participants responded with the same value for at least 2 out of the 3 questions. More specifically, 124 respondents (40% of entire sample) had the same value for 2 out of 3 items, and 86 respondents (28% of entire sample) had the same value for all three items. Forty-seven respondents (15% of entire sample) selected 100% for all three items.

Item Correlations

Tables 4 – 6 display correlations among the items in WBS Version 1 for the entire sample and by randomization group. For the entire sample and among those who were provided with definitions for WBS items, correlations did not exceed .80, suggesting that each item provides unique information. One correlation exceeded .80 among the group that was not provided with definitions (between the

participation and functioning items).

Table 4. T1 Correlations Among Entire Sample for WBS Items Version 1

	Satisfaction	Participation	Functioning
Satisfaction	-		
Participation	.713*	-	
Functioning	.696*	.792*	-

* Indicates significance at $p < .05$

Table 5. T1 Correlations Among Group That *Received* Definitions for WBS Items Version 1

	Satisfaction	Participation	Functioning
Satisfaction	-		
Participation	.731*	-	
Functioning	.737*	.764*	-

* Indicates significance at $p < .05$

Table 6. T1 Correlations Among Group That *Did Not Receive* Definitions for WBS Items Version 1

	Satisfaction	Participation	Functioning
Satisfaction	-		
Participation	.687*	-	
Functioning	.646*	.821*	-

* Indicates significance at $p < .05$

Scores by Randomization Group

Table 7 provides descriptive statistics and comparisons for the full WBS and individual items by randomization group. Although mean scores were slightly higher for the group who were shown definitions, no significant mean differences by randomization group were observed at the .05 level using t-tests, suggesting that providing additional information about the items is not necessary for this version of the WBS measure.

Table 7. T1 Total WBS Score and Items Scores for WBS Version 1 by Randomization Group

WBS	Group	Mean	Standard Deviation	t-test p-value
Total WBS Score	Condition 1:			
	Definitions shown	70.32	27.73	
	Condition 2:			
	Definitions not shown	65.07	28.64	.110

Satisfaction item	Condition 1: Definitions shown	72.60	29.21	.146
	Condition 2: Definitions not shown	67.60	30.53	
	Condition 1: Definitions shown	69.38	31.17	
Participation item	Condition 2: Definitions not shown	63.75	31.89	.124
	Condition 1: Definitions shown	69.46	30.87	
	Condition 2: Definitions not shown	64.12	32.71	
Functioning item	Condition 1: Definitions shown	69.46	30.87	.148
	Condition 2: Definitions not shown	64.12	32.71	
	Condition 1: Definitions shown	69.46	30.87	

WBS Version 2 (Strongly Disagree to Strongly Agree)

Descriptive Statistics and Reliability

Table 8 below displays descriptive information for the total WBS scores and the three items. The internal consistency reliability of the three items was high ($\alpha = .92$).

Table 8. T1 Descriptive Statistics for WBS Version 2

	Minimum	Maximum	Mean	Standard Deviation
Total WBS Score	1	7	4.63	1.75
Satisfaction Item	1	7	4.76	1.854
Participation Item	1	7	4.59	1.900
Functioning Item	1	7	4.55	1.923

We examined if participants answered similarly across the three items. Two hundred and seventy (88%) participants responded with the same value for at least 2 out of the 3 questions. More specifically, 133 respondents (43% of entire sample) had the same value for 2 out of 3 items, and 137 respondents (45% of entire sample) had the same value for all three items. Thirty-three (11% of entire sample) participants endorsed the highest response (i.e. 7) for all three items.

Item Correlations

Tables 9 – 11 display correlations among the items in WBS Version 2 for the entire sample and by randomization group. For the entire sample, two of the three correlations exceeded the recommended threshold of .80.

Table 9. T1 Correlations Among Entire Sample for WBS Items Version 2

	Satisfaction	Participation	Functioning
Satisfaction	-		

Participation	.822*	-	
Functioning	.722*	.804*	-

* Indicates significance at $p < .05$

Table 10. T1 Correlations Among Group That *Received* Definitions for WBS Items Version 2

	Satisfaction	Participation	Functioning
Satisfaction	-		
Participation	.820*	-	
Functioning	.725*	.774*	-

* Indicates significance at $p < .05$

Table 11. T1 Correlations Among Group That *Did Not* Receive Definitions for WBS Items Version 2

	Satisfaction	Participation	Functioning
Satisfaction	-		
Participation	.825*	-	
Functioning	.719*	.843*	-

* Indicates significance at $p < .05$

Scores by Randomization Group

Table 12 displays the total and item scores by randomization group. No significant mean differences by randomization group were observed at the .05 level using t-tests, suggesting that providing additional information about the items is not necessary for this version of the WBS measure.

Table 12. Total Score and Items Scores for WBS Version 2 by Randomization Group

WBS	Group	Mean	Standard Deviation	t-test p-value
Total WBS Score	Condition 1: Definitions shown	4.65	1.76	.872
	Condition 2: Definitions not shown	4.62	1.74	
Satisfaction item	Condition 1: Definitions shown	4.73	1.88	.781
	Condition 2: Definitions not shown	4.79	1.84	
Participation item	Condition 1: Definitions shown	4.63	1.90	.720
	Condition 2: Definitions not shown	4.55	1.90	

Functioning item	Condition 1:			
	Definitions shown	4.59	1.97	
	Condition 2:			
	Definitions not shown	4.51	1.87	.723

WBS Version 3 (None of the Time to All of the Time)

Descriptive Statistics and Reliability

Table 13 provides descriptive information for the total WBS score and the three items. The internal consistency reliability of the three items was high ($\alpha = .94$).

Table 13. T1 Descriptive Statistics for WBS Version 3

	Minimum	Maximum	Mean	Standard Deviation
Total WBS Score	1	7	4.81	1.63
Satisfaction Item	1	7	4.88	1.66
Participation Item	1	7	4.80	1.72
Functioning Item	1	7	4.74	1.78

We examined if participants answered similarly across the three items. Two hundred and seventy-seven (90%) participants responded with the same value for at least 2 out of the 3 questions. More specifically, 129 respondents (42% of entire sample) had the same value for 2 out of 3 items, and 148 respondents (48% of entire sample) had the same value for all three items. Thirty-seven (12% of entire sample) participants endorsed the highest response (i.e. 7) for all three items.

Item Correlations

Tables 14 – 16 display correlations among the items in WBS Version 3 for the entire sample and by randomization group. For the entire sample and both randomization conditions, all three correlations exceeded the recommended threshold of .80.

Table 14. T1 Correlations Among Entire Sample for WBS Items Version 3

	Satisfaction	Participation	Functioning
Satisfaction	-		
Participation	.865*	-	
Functioning	.826*	.853*	-

* Indicates significance at $p < .05$

Table 15. T1 Correlations Among Group That Received Definitions for WBS Items Version 3

	Satisfaction	Participation	Functioning
Satisfaction	-		
Participation	.850*	-	

Functioning	.836*	.878*	-
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* Indicates significance at $p < .05$

Table 16. T1 Correlations Among Group That *Did Not Receive* Definitions for WBS Items Version 3

	Satisfaction	Participation	Functioning
Satisfaction	-		
Participation	.881*	-	
Functioning	.814*	.823*	-

* Indicates significance at $p < .05$

Scores by Randomization Group

Table 17 displays the WBS total and item scores by randomization group. No significant mean differences by randomization group were observed at the .05 level using t-tests, suggesting that providing additional information about the items is not necessary for this version of the WBS measure.

Table 17. Total WBS Score and Items Scores for WBS Version 3 by Randomization Group

WBS	Group	Mean	Standard Deviation	t-test p-value
Total WBS Score	Condition 1: Definitions shown	4.87	1.63	.469
	Condition 2: Definitions not shown	4.73	1.64	
Satisfaction Item	Condition 1: Definitions shown	4.93	1.65	.570
	Condition 2: Definitions not shown	4.82	1.68	
Participation Item	Condition 1: Definitions shown	4.89	1.69	.288
	Condition 2: Definitions not shown	4.68	1.75	
Functioning Item	Condition 1: Definitions shown	4.78	1.79	.663
	Condition 2: Definitions not shown	4.69	1.77	

Decision Point: WBS Version and Definitions

After responding to all versions of the WBS measures, participants were asked to rank-order their preferred response option (1= first choice; 2=second choice; 3=third choice). Participants favored the 0-

100% write-in response option as their first preference compared to the other two (*strongly disagree* to *strongly agree*; *none of the time* to *all of the time*). See the rank orders of each WBS version in tables 18 – 20.

Table 18. Ranking of WBS Version 1
(0-100% response option)

	Frequency	Percent
First choice	132	44.1
Second choice	82	27.4
Third choice	85	28.4

Table 19. Ranking of WBS Version 2
(*strongly disagree* to *strongly agree*
response option)

	Frequency	Percent
First choice	106	35.4
Second choice	107	35.8
Third choice	86	28.8

Table 20. Ranking of WBS Version 3
(*none of the time* to *all of the time*
response option)

	Frequency	Percent
First choice	78	26.4
Second choice	107	36.3
Third choice	110	37.3

In addition, because the majority of correlations between WBS items exceeded .80 for WBS Version 2 and Version 3, we decided to move forward with WBS Version 1 (i.e., 0 to 100% write-in)

Lastly, because there were no significant differences in mean scores based on randomization group of definitions, we elected not to include the definitions with the WBS moving forward.

WBS, Single-Item Well-Being Measures, and the Well-Being Inventory

To examine the size and direction of the relationship with the WBS Version 1 items and total score with other measures of well-being (single item measures and the Well-Being Inventory, WBI), we ran correlations. For the purposes of this report and unless otherwise stated, the coefficient r , was used to determine the strength of the association. Values for r can range from -1 to 1. Interpretation of the size of the coefficients are displayed in Table 21.

Table 21. Interpretation of Coefficient, r , When Referencing Effect Sizes

Strength of association	Positive estimates	Negative estimates
Small	0.1 to < 0.3	-0.1 to < -0.3
Medium	0.3 to < 0.5	-0.3 to < -0.5
Large	0.5 to < 0.7	-0.5 to < -0.7
Very large	0.7 to 1	-0.7 to -1

References: Cohen (1988) and Rosenthal (1996)

For associations with single item well-being measures, the total WBS score correlated strongly with other brief indicators of well-being (correlations ranging from .61-.72 (*large* effect size) for the entire sample in expected direction), suggesting that what is assessed by this measure is highly related to what is assessed in other brief indicators of well-being. Yet, the fact that these correlations did not exceed widely accepted thresholds for poor discriminant validity (i.e. $r > .80$; sources: Kline, 2005) suggests that what is assessed by the WBS measure is sufficiently distinct from other measures (likely because of its focus on what veterans are doing in their daily lives, which is not something addressed in many other brief well-being measures). For detailed correlation coefficients, please see Table 22.

Table 22. T1 Correlations for Well-Being, Health, and Social Measures

	Total WBS Score	Satisfaction Item	Participation Item	Functioning Item	Effect size range interpretation
PHI - Physical Well-Being	.610*	.544*	.517*	.591*	Large
PHI - Mental/Emotional Well-Being	.678*	.702*	.576*	.565*	Large
PHI - How is it to live your day-to-day life?	.716*	.697*	.639*	.604*	Large to very large
Human Flourishing – Satisfaction	.709*	.702*	.639*	.580*	Large to very large
Human Flourishing – Happiness	.685*	.691*	.588*	.580*	Large
Cantril's Ladder	.723*	.741*	.618*	.603*	Large to very large
Chronic Stress	-.372*	-.411*	-.293*	-.302*	Small to medium
Anxiety Symptoms Total	-.541*	-.559*	-.463*	-.444*	Medium to large
Depressive Symptoms Total	-.604*	-.637*	-.494*	-.514*	Medium to large
Suicidal Ideation	-.368*	-.393*	-.331*	-.280*	Small to medium
PTSD Symptoms Total	-.313*	-.325*	-.258*	-.259*	Small to medium
PROMIS – global health item	.536*	.471*	.467*	.512*	Medium to large

PROMIS - mental health subscale	.655*	.660*	.547*	.570*	Large
PROMIS – physical health subscale	.602*	.569*	.511*	.555*	Large
Social Support	.409*	.469*	.335*	.313*	Medium
Loneliness	-.401*	-.425*	-.328*	-.320*	Medium
Number of times a VA service was used in past year	-.133*	-.128*	-.101	-.118*	Small
Number of VA health services used in past year	-.254*	-.224*	-.236*	-.175*	Small
Number of Whole Health-related services (regardless of location) used in past year	-.148*	-.189*	-.113	-.086	No effect to small

* indicates significance at $p < .05$; PHI=Personal Health Inventory; PTSD=Posttraumatic Stress Disorder; PROMIS=Patient-Reported Outcomes Measurement Information System; VA=Department of Veterans Affairs

We examined the correlation between the WBS functioning item and WBI functioning scores within vocation, health, financial, and social domains. There was a large range of correlations with *small* to *medium* effect sizes, .17 to .42, with health functioning being the largest. For specific correlation estimates, refer to Table 23.

Table 23. T1 Correlations Among WBS Functioning Item and WBI Domain Functioning Scores

	Work functioning	Education functioning	Financial functioning	Health functioning	Intimate relationship functioning	Parent functioning	Social functioning
WBS functioning item	.311*	.212	.169*	.415*	.306*	.181	.296*

* Indicates significance at $p < .05$

We examined the correlation between the WBS satisfaction item and WBI satisfaction scores within vocation, health, financial, and social domains. There was a large range of correlations with *small* to *large* effect sizes, .26 to .59, with health satisfaction being the largest. For specific correlation estimates, refer to Table 24.

Table 24. T1 Correlations Among WBS Satisfaction Item and WBI Domain Satisfaction Scores

	Paid work satisfaction	Education satisfaction	Financial satisfaction	Health satisfaction	Intimate relationship satisfaction	Parent satisfaction	Social satisfaction
WBS satisfaction item	.392*	.432	.274*	.590*	.363*	.260*	.490*

* Indicates significance at $p < .05$

These WBI and WBS analyses confirm that although the WBS draws from the WBI's focus on status/participation, functioning, and satisfaction, what is measured in the WBS is distinct from the WBI.

This is likely due to the fact that the WBS requires a general assessment of the most important aspects of veterans' lives whereas the WBI provides a multi-dimensional assessment of well-being in four key life domains irrespective of their identified importance to veterans.

WBS, Health, and Social Measures

Overall, the WBS total score and the three individual WBS items, had *small to large* sized correlations with health-related constructs (i.e. anxiety symptoms, depressive symptoms, PTSD symptoms, global health, mental health, physical health, and chronic stress) in the expected direction.

The WBS total score and the three individual WBS items, had *medium* sized correlations with social-related constructs (i.e. social support and loneliness) in the expected direction.

These findings suggest that the WBS captures information on both veterans' health and social well-being, although it is more aligned with their health, likely reflecting the salience of health concerns for veterans in the sample (who, like VA patients, tend to be on the older side with health conditions). See Table 22 for detailed information regarding the correlation coefficients for the WBS, health, and social measures.

WBS and Service Use

We examined the relationship between the WBS items, WBS total score, and frequency of service use using correlations. The WBS total score, WBS satisfaction item, and WBS functioning item was negatively correlated (*small* effect size) with the number of times veterans used VA services in past year. All WBS items and the total score were negatively correlated with the number of VA services used (*small* effect size). The WBS total score and WBS satisfaction item were negatively correlated (*small* effect size) with the number of whole health program used (regardless of location) in the past year. Correlation coefficients are located in Table 22.

We also compared WBS total and item scores on service use within the past year using t-tests. Veterans that used any sort of VA health service (N=275; 89.6%) had lower WBS total and item scores than those that did not use a VA health service, though the effect sizes were *small*. Veterans that used any sort of non-VA health service (N=217; 70.7%) compared to those who did not, did not have significantly different scores on the WBS total score or items. Veterans that used any sort of Whole Health service (regardless of VA or non-VA; N=135; 44.0%) had lower WBS total scores and item scores compared to those that had not used Whole Health service, though these effect sizes were *small*. More detailed information regarding group comparisons is located in Table 25.

All correlations and group differences were in the expected direction, suggesting that veterans who report lower levels of well-being are more likely to use services; however, these effects were all small.

Table 25. Effect Sizes for Group Comparisons of WBS Total and Item Scores Based On Service Use

Grouping Variable	WBS total	Satisfaction item	Participation item	Functioning item	Effect size range interpretation
Use of VA health services in past year	-.261*	-.206*	-.235*	-.237*	Small

Use of non-VA health services in past year	-.026	-.041	-.023	-.034	No effect
Any use of Whole Health type of service in the past year (regardless of location)	-.139*	-.156*	-.096*	-.131*	Small

* indicates significance at $p < .05$

WBS Revisions after T1 Survey

After reviewing T1 survey results, slight modifications in the language and stem were made to the WBS measure. Main revisions were to (1) expand instructions to reference how veterans are doing with regard to the activities they participate in now, as well activities they would like to be participating in, (2) use simpler language than “roles and activities” in the instructions, and (3) further differentiate participation and functioning item to clarify their different focus (first about whether veterans are able to do the things they want to do in their lives; second about whether veterans function well in the things they are able to do).

In addition, the platforms in which this WBS measure will be used (e.g., CPRS, CERNER) cannot display or score open-ended questions easily, which is what would be required to allow veterans to select any percentage between 0 and 100%; therefore, we modified the response option to an 11-point Likert scale (e.g., 0%, 10%, 20%...100%).

Through the KnowledgePanel®, we pilot tested the revised WBS measure with 17 veterans that were not in the original T1 sample in mid-March 2021. After reviewing this data from this pilot survey, no further modifications were made to the measure.

Below is the revised WBS measure.

For these questions, please consider the **most important things** that you do, or wish to do, in your daily life. This might include having a job, spending time with family and friends, participating in leisure-time activities, or managing your health or finances.

Over the past three months, what percentage of the time have you been:

4. **Fully satisfied** with how things are going in these aspects of life?
5. **Regularly involved** in all aspects of life that are important to you?
6. **Functioning your best** in aspects of life that you do participate in?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Study 1: T2 Survey

The T2 survey launched in late March and data collection ended in early April with a response from 251 of the 307 veterans in the T1 survey (response rate: 81.8%). Measures in the T2 survey were similar to the measures used in the T1 survey. Randomization into two conditions (definitions or no definitions) were not used in the T2 survey. The original WBS Version 1 from T1 was included in the T2 survey to analyze change over time. WBS Versions 2 and 3 were not included in the T2 survey. The full T2 survey is located in Appendix C.

New WBS Descriptives and Reliability

Table 26 below displays descriptive information for the total WBS scores and the three items for the updated WBS measure. There was dispersion on all items and the total score. The internal consistency reliability of the three items was very high ($\alpha = .91$), suggesting that items covaried highly.

Table 26. T2 Descriptive Statistics for Updated WBS Measure

	Minimum	Maximum	Mean	Standard Deviation
Total WBS Score	0	100	68.81	24.42
Satisfaction Item	0	100	67.51	26.84
Participation Item	0	100	69.39	27.10
Functioning Item	0	100	68.99	26.03

We examined if participants answered similarly across the three items. One hundred and seventy-six (70%) responded with the same value for at least 2 out of the 3 questions. More specifically, 117 respondents (47% of entire sample) had the same value for 2 out of 3 items, and 59 respondents (24% of entire sample) had the same value for all three items. Eighteen (7% of entire sample) participants endorsed the highest response (i.e. 100%) for all three items.

Correlations

Table 27 displays the correlation between the updated WBS items and total score and the original WBS items and total score at T2. Correlations were *large* and in the expected direction, suggesting that they captured similar content.

Table 27. T2 Correlations Among Original Version of WBS Measure and Updated WBS Measure

	New Satisfaction	New Participation	New Functioning	New WBS total score	Original Satisfaction	Original Participation	Original Functioning	Original WBS total score
New Satisfaction	1							
New Participation	.797*	1						
New Functioning	.739*	.779*	1					
New WBS total score	.920*	.933*	.912*	1				
Original Satisfaction	.710*	.668*	.658*	.739*	1			

Original Participation	.609*	.654*	.614*	.683*	.772*	1	
Original Functioning	.653*	.634*	.687*	.717*	.788*	.863*	1
Original WBS total score	.708*	.702*	.703*	.768*	.914*	.942*	.945* 1

* Indicates significance at $p < .05$

WBS, Single-Item Well-Being Measures, and the Well-Being Inventory

To examine the size and direction of the relationship of the updated WBS total score with other measures of well-being (single item measures and the Well-Being Inventory, WBI), we ran correlations.

For single items well-being measures, correlations ranged from .59 to .74, which is a *large* effect size, in the expected direction suggesting what is assessed by this measure is highly related to what is assessed in other brief indicators of well-being. Similar to T1 results, these correlations did not exceed widely accepted thresholds for poor discriminant validity (i.e. $r > .80$; sources: Kline, 2005) which suggests that what is assessed by this updated measure is still sufficiently distinct from other measures. For detailed correlation coefficients, please see Table 28.

Table 28. T2 Correlations for Well-Being, Health, and Social Measures

	Total WBS Score	Satisfaction Item	Participation Item	Functioning Item	Effect size range interpretation
PHI - Physical Well-Being	.585*	.482*	.477*	.655*	Medium to large
PHI - Mental/Emotional Well-Being	.634*	.609*	.600*	.540*	Large
PHI - How is it to live your day-to-day life?	.711*	.608*	.647*	.703*	Large
Human Flourishing - Satisfaction	.773*	.739*	.696*	.701*	Large to very large
Human Flourishing - Happiness	.720*	.718*	.644*	.633*	Large to very large
Cantril's Ladder	.736*	.712*	.642*	.680*	Large to very large
Chronic Stress	-.357*	-.330*	-.337*	-.291*	Small to medium
Anxiety Symptom Total	-.554*	-.514*	-.527*	-.480*	Medium to large
Depressive Symptom Total	-.633*	-.587*	-.589*	-.568*	Large
Suicidal Ideation	-.437*	-.402*	-.449*	-.355*	Medium
PTSD Symptoms Total	-.485*	-.474*	-.462*	-.409*	Medium
PROMIS – global health item	.525*	.432*	.403*	.612*	Medium to large

PROMIS - mental health subscale	.688*	.630*	.623*	.635*	Large
PROMIS – physical health subscale	.614*	.521*	.513*	.644*	Large
Social Support	.448*	.478*	.420*	.346*	Medium
Loneliness	-.393*	-.401*	-.375*	-.323*	Medium
Number of times a VA service was used in past six months	-.159*	-.171*	-.125	-.137*	Small
Number of VA health services used in past six months	-.275*	-.273*	-.212*	-.263*	Small
Number of Whole Health-related services (regardless of location) used in past six months	-.188	-.192	-.170	-.148	Small

* indicates significance at $p < .05$; PHI=Personal Health Inventory; PTSD=Posttraumatic Stress Disorder; PROMIS=Patient-Reported Outcomes Measurement Information System; VA=Department of Veterans Affairs

We examined the correlation of the WBS functioning item with the WBI functioning domain scores across vocation, health, financial, and social domains. There was a large range of significant correlations with *medium* to *large* effect sizes, .21 to .53, with work and parent functioning being the largest. For detailed information and specific correlation estimates, refer to Table 29.

Table 29. T2 Correlations Among WBS Functioning Item and WBI Domain Functioning Scores

	Work functioning	Education functioning	Financial functioning	Health functioning	Intimate relationship functioning	Parent functioning	Social functioning
WBS functioning item	.530*	.646	.207*	.475*	.369*	.528*	.368*

* Indicates significance at $p < .05$

When looking at the WBI satisfaction domain scores, we examined the correlation with the WBS satisfaction item only and the vocation, health, financial, and social domains, there was a large range of significant correlations with *medium* to *large* effect sizes, .32 to .57, with health satisfaction being the largest. For detailed information and specific correlation estimates, refer to Table 30.

Table 30. T2 Correlations Among WBS Satisfaction Item and WBI Domain Satisfaction Scores

	Paid work satisfaction	Education satisfaction	Financial satisfaction	Health satisfaction	Intimate relationship satisfaction	Parent satisfaction	Social satisfaction
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WBS satisfaction item	.413*	.822	.321*	.574*	.472*	.338*	.473*
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* Indicates significance at $p < .05$

Similar to T1 results with the original WBS measure, these WBI and updated WBS analyses confirm that although the WBS draws from the WBI's focus on participation, functioning, and satisfaction, what is measured in the WBS is distinct from the WBI.

WBS, Health, and Social Measures

Overall, the WBS total score and the three individual WBS items, had *small to large* sized correlations with health-related constructs (i.e. anxiety symptoms, depressive symptoms, PTSD symptoms, global health, mental health, physical health, and chronic stress) in the expected direction.

Overall, the WBS total score and the three individual WBS items, had *medium* sized correlations with social-related constructs (i.e. social support and loneliness) in the expected direction.

Similar to T1 results, these findings suggest that the WBS captures information on both veterans' health and social well-being. See Table 28 for detailed information regarding the correlation coefficients for the WBS, health, and social measures.

WBS and Service Use

The WBS total score, WBS satisfaction item, and WBS functioning item negatively corrected (*small* effect size) with number of times veterans used VA services in past six months. The number of VA services used in the past 6 months was negatively correlated with all WBS items and the total score (*small* effect size). Neither items nor the total score was significantly correlated with the number of whole health services used in the past 6 months.

We also compared WBS total and item scores based on service use in the past six months using t-tests. Findings were similar to those at T1. Veterans that used any sort of VA health service (N=204; 81.3%) had lower WBS total, satisfaction, and participation item scores than those that did not use a VA health service, though the effect sizes were *small*. Veterans that used any sort of non-VA health service (N=175; 69.7%) compared to those who did not, did not have significantly different scores on any WBS item or the total score. Veterans that used any sort of Whole Health-related service (regardless of VA or non-VA; N=102; 40.6%) had lower WBS total scores and item scores compared to those that had not used a Whole Health-related service, though these effect sizes were *small*. More detailed information regarding group comparisons is located in Table 31.

Similar to T1 results, correlations and group differences that were significant based on service use were in the expected direction.

Table 31. Effect Sizes for Group Comparisons of WBS Total and Item Scores Based on Service Use at T2

Grouping Variable	WBS total	Satisfaction item	Participation item	Functioning item	Effect size range interpretation
Use of VA health services in past six months	-0.19*	-0.22*	-0.17*	-0.10	Small
Use of non-VA health services in past six months	0.07	0.08	0.06	0.06	No effect
Any use of Whole Health care in past six months	-0.16*	-0.15*	-0.15*	-0.13*	Small

* indicates significance at $p < .05$

Examination of Sensitivity to Change

Due to the fact that the WBS measure was revised slightly from T1 to T2, we were unable to examine change in scores over time with the new updated WBS measure. However, we were able to examine change over time using the original version of the WBS measure (Version 1) from T1 to T2.

We examined how change in the WBS total score was related to change with other single-item well-being measures. All change variables were correlated and in the expected direction, suggesting that change in the WBS total score was related to change in other well-being measures. Correlation coefficients are located in Table 32.

Table 32. T2 Correlations Among Change in Original Version of WBS Total Score and Single-Item Well-Being Measures

	PHI - Change in Physical Well-Being	PHI - Change in Mental/Emotional Well-Being	PHI - Change in how is it to live your day-to-day life?	Change in human flourishing – Satisfaction	Change in human flourishing – Happiness	Change in Cantril's ladder
Change in WBS total score	.290*	.254*	.335 *	.234*	.218*	.333*

* Indicates significance at $p < .05$; PHI=Personal Health Inventory

We conducted several analyses to examine whether change on the original WBS measure was related to change in veterans' health circumstances, which would support this measure's sensitivity to change. We specifically examined change in response to changes in mental health status and whole health service use between T1 to T2. We identified changes greater than or equal to 10 percentage points as potentially important changes. We considered a change that was greater than or equal to 20 percentage points as a relatively large change.

For change by mental health status, we coded veterans with probable depression, anxiety, or posttraumatic stress disorder (PTSD), which were all measured by validated screeners, as having a mental health condition. We categorized veterans into 4 groups: 1) those with no probable mental health condition at T1 or T2 (N=158, 62.9%); 2) veterans with no probable mental health condition at T1 but a probable mental health condition at T2 (N=20, 8.0%); 3) veterans with a probable mental health condition at T1 but no probable mental health condition at T2 (N=18, 7.2%); and 4) those veterans with a probable mental health condition at T1 and T2 (N=47, 18.7%). Table 33 displays the average change in the WBS total score for each group. The largest increase in well-being was observed for the group that recovered from a mental health condition (i.e., those who reported having a mental health condition at T1 but not at T2), providing preliminary evidence the WBS measure is able to capture meaningful change over time.

Table 33. Change Scores by Mental Health Condition

Group	Mean	Standard Deviation	Minimum	Maximum
No MH condition at T1 or T2	-2.71	21.63	-85.00	61.67
No MH condition at T1 but MH condition at T2	2.63	29.91	-63.33	66.67
MH condition at T1 but no MH condition at T2	11.74	23.49	-21.67	56.67
MH condition at T1 and T2	2.20	21.11	-38.33	46.67

MH = Mental Health

We also examined whether there were changes on the WBS based on change in use of whole health services. We categorized veterans into 4 groups: 1) those who did not use a whole health service at T1 or T2 (N=113, 45.0%); 2) veterans who did not use a whole health service at T1 but started using a whole health service at T2 (N=29, 11.6%); 3) veterans who used a whole health service at T1 but not at T2 (N=36, 14.3%); and 4) those veterans who reported using whole health services at both T1 and T2 (N=73, 29.1%). Table 34 displays the average change in the WBS total score for each group. All changes were less than two percentage points, which did not meet our criteria for a meaningful change.

Table 34. Change Scores by Whole Health Service Use

Group	Mean	Standard Deviation	Minimum	Maximum
No WH service use at T1 or T2	0.11	23.49	-85.00	61.67
No WH service use at T1 but use at T2	1.05	23.71	-33.33	63.33
WH service use at T1 but no use at T2	-1.90	27.04	-61.67	66.67
WH service use at T1 and T2	-0.54	17.78	-38.33	60.00

WH = Whole Health

However, this was not the most rigorous test of the research question of whether the WBS measure can capture change, as intensity, duration, and specific timing of service use were unknown. Thus, we

supplemented these results with an examination of the WBS's sensitivity to change within the context of a specific well-being promotion program, as detailed in the next section.

Study 2: Evaluation of Sensitivity to Change in Response to Wellness Promotion Program

In addition to the survey distributed by Ipsos, the original WBS items were administered as part of an evaluation of the impact of a specific wellness promotion program, the VA's Taking Charge of My Life and Health (TCMLH) course. This course, which is completed over a 4-11 month period and includes both didactic and interactive components, focuses on enhancing aspects of such as improving physical fitness, eating habits, and relationships. Surveys were administered before and after veterans completed this course.

Below is the version of the WBS included in the TCMLH course evaluation study. One difference between these items and the previous WBS measure is the scale. The whole health pre- and post-surveys used 1 to 100%, while the original WBS measure used 0 to 100%.

Consider the most important roles and activities in your life. Roles include things like being a parent, an employee, a romantic partner, or a friend. Activities include things like spending time with friends and family, managing money, exercising, or engaging in hobbies or other leisure-time activities. Over the past three months, what % of the time have you been:

- 1) Satisfied with how things are going overall in these roles and activities? [1-100%]
- 2) Able to participate regularly in these roles and activities? [1-100%]
- 3) Able to function well in the roles and activities that you participate in? [1-100%]

Total WBS scores before and after the course are located in Table 35. Eighteen people had pre- and post-tests, and scores were relatively high to begin with (likely reflecting the fact that veterans who engage in this course are doing pretty well to begin with), but there was quite a bit of improvement observed for this measure over this 6-8 week period. Nine (50%) veterans experienced improvements greater than 10 percentage points and 7 (38.9%) experienced improvements greater than 20 percentage points. In contrast, 2 (11.1%) veterans experienced declines greater than 10 percentage points and no veterans (0%) experienced declines greater than 20 percentage points.

Veterans with the lowest scores at baseline improved most, whereas mid- to high-functioning people stayed roughly the same. These findings, while preliminary, provide promising support for the value of these items in capturing changes in veterans' well-being (i.e. sensitivity to change). An additional analysis (t-test) examined whether the change that was observed was statistically significant. Findings revealed a significant improvement between T1 and T2 for the sample as a whole (average increase of 12.36 points), with a *medium* effect size.

Table 35. TCMLH Course Evaluation Change Scores (N=18)

Total WBS Score Before Course	Total WBS Score After Course	Change
40.00	60.00	20.00
10.00	46.67	36.67
41.67	83.33	41.67
88.33	76.67	-11.67
100.00	100.00	0.00
46.67	40.00	-6.67
63.33	50.00	-13.33
66.67	58.33	-8.33
90.00	83.33	-6.67
86.67	88.33	1.67
40.00	73.33	33.33
70.00	63.33	-6.67
35.00	33.33	-1.67
1.00	26.67	25.67
46.67	60.00	13.33
11.67	78.33	66.67
82.67	99.43	16.77
36.67	58.33	21.67

Final Revisions and WBS Tool

The question of what to do when respondents have a hard time selecting a response for items on this measure (e.g., in cases where they feel they are doing better in some life domains but not others) was raised by clinicians during initial user testing. To address this question we elected to add an instruction for respondents to make their best guess if they are not sure how to respond on this measure, which is an instruction which we often use in the research context to encourage responding.

Below is the final version of the WBS.

For these questions, please consider the **most important things** that you do, or wish to do, in your daily life. This might include having a job, spending time with family and friends, participating in leisure-time activities, or managing your health or finances. **If you are not sure which response to choose, please make your best guess.**

Over the past three months, what percentage of the time have you been:

1. **Fully satisfied** with how things are going in these aspects of life?
2. **Regularly involved** in all aspects of life that are important to you?
3. **Functioning your best** in aspects of life that you do participate in?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

APPENDIX A

- 1) Have you ever served in the United States Army, Navy, Marine Corps, Air Force, Reserves, or National Guard?

☐ Yes
☐ No
- 2) Are you currently serving in the United States Army, Navy, Marine Corps, Air Force on **active** duty?

☐ Yes
☐ No
- 3) When did you serve? Mark all that apply.

☐ September 2001 or later
☐ August 1990 to August 2001
☐ May 1975 to July 1990
☐ Vietnam era (Aug 1964 to Apr 1975)
☐ February 1955 to July 1964
☐ Korean War (July 1950 to January 1955)
☐ January 1947 to June 1950
☐ World War II (December 1941 to December 1946)
☐ November 1941 or earlier
- 4) How many times have you used **health-care services** through the VA in the past year?
_____ times

APPENDIX B

SURVEY INTRODUCTION

You are invited to participate in a survey that includes questions about your overall health and well-being. The survey includes questions about your recent experiences with regard to work, education, health, personal relationships, finances, and other areas of your life. **You may notice that some questions are very similar to each other in the survey.** We are testing out different ways to ask these questions, so responding to all the questions is very helpful to this project. No one has had exactly the same experiences that you have had, so your input is very important.

The survey may take you up to about 30 minutes to complete. If you complete this survey, you will receive 20,000 points for your effort. Please complete the survey on a PC or tablet, as you may have trouble viewing the survey on a mobile device.

It is unlikely that this project will benefit you directly. However, what we learn from you and others will help improve services for Veterans like you. There are minimal risks associated with completing the survey. The main risk is that some of the questions may feel too personal or distressing. It is okay to skip questions that you do not want to answer and all answers will be kept private and will only be used for evaluation purposes. If you experience distress while filling out the survey, please call 911, go to the nearest emergency room, or contact the Veterans Crisis Line at 1-800-273-8255.

First, we would like to know a little about your military background.

1. Are you continuing to serve in the military as a member of the National Guard or Reserves?

(Mark one)

- ☐ No
- ☐ Yes, serving in the Army National Guard
- ☐ Yes, serving in the Air National Guard
- ☐ Yes, serving in the Army Reserve
- ☐ Yes, serving in the Navy Reserve
- ☐ Yes, serving in the Air Force Reserve
- ☐ Yes, serving in the Marine Corps Reserve

2. During your most recent military service, were you: (Mark one)

- ☐ Army Active Component
- ☐ Navy Active Component
- ☐ Air Force Active Component
- ☐ Marine Corps Active Component
- ☐ Army National Guard
- ☐ Air National Guard
- ☐ Army Reserve
- ☐ Navy Reserve
- ☐ Air Force Reserve
- ☐ Marine Corps Reserve

3. What was your primary military role during your most recent military service? (If you are still in the National Guard or Reserves, provide your current military role.)

- ☐ Combat arms
- ☐ Combat support
- ☐ Service support

4. How long were you or have you been in the military? ____ years ____ months

5. If you have left military service, how long ago did you separate from service?

- ☐ ____ years ____ months
- ☐ Not applicable – I have not left military service

6. If you have left military service, which of the following describes your discharge from military service?

- ☐ Honorable
- ☐ General under honorable conditions
- ☐ Under another category besides honorable (*for example, Other Than Honorable (OTH), Bad Conduct Discharge (BCD), Dishonorable*)
- ☐ Medical
- ☐ Not sure
- ☐ Not applicable – I have never been discharged

7. What was your most recent military service paygrade? (If you are still in the National Guard or Reserves, provide your current paygrade.)

- | | | |
|--------------------------|--------------------------|-----------------------------|
| <input type="radio"/> E1 | <input type="radio"/> W1 | <input type="radio"/> O1 |
| <input type="radio"/> E2 | <input type="radio"/> W2 | <input type="radio"/> O2 |
| <input type="radio"/> E3 | <input type="radio"/> W3 | <input type="radio"/> O3 |
| <input type="radio"/> E4 | <input type="radio"/> W4 | <input type="radio"/> O4 |
| <input type="radio"/> E5 | <input type="radio"/> W5 | <input type="radio"/> O5 |
| <input type="radio"/> E6 | | <input type="radio"/> O6 |
| <input type="radio"/> E7 | | <input type="radio"/> O7 or |
| <input type="radio"/> E8 | | higher |

Now you are going to be asked some questions about how things are going in your life.

RANDOMIZATION CONDITION

For these questions, please consider the **most important** roles and activities in your life. Roles and activities include things like having a job, being a parent, and participating in hobbies or other leisure-time activities.

Please think about your satisfaction, participation, and functioning in your roles and activities.

- Satisfaction refers to how happy you are overall with how things are going in your most important roles and activities.
- Participation refers to your ability to engage in the activities or roles that are most important to you.
- Functioning refers to your ability to perform well in the most important roles and activities you participate in.

Over the past three months what percentage of the time have you been:

1) fully satisfied with how things are going overall in your most important roles and activities? [0-100%]

2) able to regularly participate in the roles and activities that are most important to you? [0-100%] _____

3) able to function your best in the most important roles and activities that you participate in? [0-100%] _____

We are testing out different ways to ask these questions. Please answer the questions below, which present another way of asking these questions.

Thinking back over the past three months, please rate the extent to which you agree with the following statements.

1) I am fully satisfied with how things are going overall in my most important roles and activities.

1	2	3	4	5	6	7
Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

2) I am able to regularly participate in the roles and activities that are most important to me.

1	2	3	4	5	6	7
Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

3) I am able to function my best in the most important roles and activities that I participate in.

1	2	3	4	5	6	7
Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree

Below we present another way to ask these questions.

Over the past three months how often have you been:

1) Fully satisfied with how things are going overall in your most important roles and activities?

1	2	3	4	5	6	7
None of the time	Rarely	Occasionally	Sometimes	Frequently	Usually	All of the time

2) Able to regularly participate in the roles and activities that are most important to you?

1	2	3	4	5	6	7
None of the time	Rarely	Occasionally	Sometimes	Frequently	Usually	All of the time

3) Able to function your best in the most important roles and activities that you participate in?

1	2	3	4	5	6	7
None of the time	Rarely	Occasionally	Sometimes	Frequently	Usually	All of the time

We would like to know how you decided on your answers for these questions and what you think about how we asked these questions.

1. What areas of your life were you thinking about when you answered these questions? *Please check all that apply.*

- ☐ Work
- ☐ School
- ☐ Health
- ☐ Finances
- ☐ Parenting

- ☐ Romantic Relationship
- ☐ Other Social Relationships
- ☐ Other _____

2. If some areas of your life are going better than others, how did you come to a final answer for the questions? _____

ASK ONLY OF PARTICIPANTS THAT PROVIDED THE SAME RESPONSE FOR AT LEAST 2 OUT OF THE 3 ITEMS IN THE 0-100% RESPONSE OPTION SET (e.g., 70%, 70%, 90%)

3. Do you think that the questions about satisfaction, participation, and functioning each capture something different about your well-being? Yes ____ No ____

3a. Why or why not? _____

ASK OF EVERYONE

We want to make sure that these questions are easy to understand and provide useful information. The first question from each of these question sets is repeated below to refresh your memory about them.

1. What percentage of the time have you been satisfied with how things are going overall in your most important roles and activities? *[Indicate percentage of time on scale from 0-100% of the time]*
 2. I am satisfied with how things are going overall in my most important roles and activities *[Rate on scale ranging from 1=Strongly Disagree – 7= Strongly Agree]*
 3. How often have you been satisfied with how things are going overall in your most important roles and activities? *[Rate on scale ranging from 1=None of the time – 7 = All of the time]*
4. Which way of asking the question do you think best allowed you to describe your well-being? Please rank them (1=top choice; 2=second choice; 3=third choice).
- ___ Question #1
 - ___ Question #2
 - ___ Question #3

5. Do you have any other feedback or comments about these questions, including any suggestions for making them easier to understand? _____

Now we are going to ask you some other questions about your overall well-being.

Thinking about the past three months, please rate where you feel you are on the scales below.

1) Physical Well-Being

1 2 3 4 5
miserable great

2) Mental/Emotional Well-Being

1 2 3 4 5
miserable great

3) Life: How is it to live your day-to-day life?

1 2 3 4 5
miserable great

Thinking about the past three months, please rate where you feel you are on the scales below.

1) Overall, how satisfied are you with life as a whole these days?

0 1 2 3 4 5 6 7 8 9 10
(not satisfied at all) (completely satisfied)

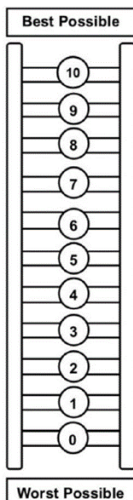
2) In general, how happy or unhappy do you usually feel?

0 1 2 3 4 5 6 7 8 9 10
(extremely unhappy) (extremely happy)

Now, please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

1. Thinking back over the past three months, please indicate where on the ladder you feel you personally stand.

0 1 2 3 4 5 6 7 8 9 10



The next set of questions asks about your experiences in the life domains of vocation (work, education), finances, health, and social relationships. Please follow the instructions that are provided at the beginning of each section and select the most appropriate response.

In this section, you will be asked about your work experiences.

ASK OF EVERYONE

- A1. What is your current employment status?
- ☐ Working for pay
 - ☐ Not working for pay but actively looking for paid work
 - ☐ Not working for pay and not looking for paid work

ASK OF ALL THOSE WHO INDICATED THEY WORK FOR PAY IN A1

- A2. In a typical week how many hours do you work for pay? _____
- A3. Do you have more than one paid job?
- ☐ Yes
 - ☐ No

ASK OF EVERYONE

- A8. Do you do any of the following types of unpaid work? *Mark all that apply.*
- ☐ I do not do any unpaid work
 - ☐ Full-time care of children under the age of 18
 - ☐ Full-time care of an adult (*for example, spouse/parent/disabled child over 18*)
 - ☐ Full-time homemaker without full-time child or elder care responsibilities
 - ☐ Volunteer work (excluding time spent helping friends, relatives, and/or neighbors)

ASK OF ALL THOSE WHO INDICATED THAT THEY VOLUNTEER IN A8

- A11. In a typical week, how many hours of unpaid volunteer work do you do? _____

ASK OF THOSE WHO INDICATE WORKING FOR PAY, VOLUNTEERING, OR CAREGIVING/ HOMEMAKING IN A1&A8

Please answer the next questions with respect to the **PRIMARY WORK** you have done over the last 3 months. For fulltime homemakers and/or unpaid caregivers, meal preparation, household maintenance, and/or child-rearing may be considered your work. For volunteers without paid employment, volunteer work is considered your work.

ASK OF THOSE WHO INDICATE WORKING FOR PAY IN A1

Over the last 3 months, please indicate how often:	Never	Rarely	Sometimes	Often	Most or all of the time
B1. You completed your work when expected. <i>(for example, attending work regularly, completing tasks on time)</i>	1	2	3	4	5
B2. You went above and beyond in your work. <i>(for example, completing required tasks ahead of schedule, taking on extra responsibilities)</i>	1	2	3	4	5
B3. You maintained positive relationships with others in your work setting. <i>(for example, avoiding conflict when possible, being patient with coworkers)</i>	1	2	3	4	5
B4. The quality of your work was excellent.	1	2	3	4	5

Over the last 3 months how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
C1. Your pay and benefits.	1	2	3	4	5
C2. Your work environment. <i>(for example, people you work with, work setting)</i>	1	2	3	4	5

ASK OF THOSE WHO INDICATE WORKING FOR PAY, VOLUNTEERING, OR CAREGIVING/ HOMEMAKING IN A1&A8

Please answer the next questions with respect to the PRIMARY WORK you have done over the last 3 months. For fulltime homemakers and/or unpaid caregivers, please note that meal preparation, household maintenance, and/or child-rearing are considered your work. For volunteers, volunteer work is considered your work.

Over the last 3 months, how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
--	-------------------	-----------------------	------------------------------------	--------------------	----------------

C3. The kind of work you do.	1	2	3	4	5
C4. How much your work contributions are valued.	1	2	3	4	5
C5. Your ability to advance your vocational goals in your current role.	1	2	3	4	5
C6. Your ability to apply your skills and knowledge to your work.	1	2	3	4	5

ASK OF EVERYONE

In this next section, you will be asked about your educational and training experiences.

- D1. Are you currently pursuing additional education or attending a trade or technical/vocational school (excluding on-the-job training)?
- ☐ Yes, full-time (12 or more credits of coursework, if in university setting)
 - ☐ Yes, part-time (less than 12 credits of coursework, if in university setting)
 - ☐ No

ASK OF THOSE WHO INDICATE THEY ARE A STUDENT IN D1

Over the last 3 months of your education or training, please indicate how often:	Never	Rarely	Sometimes	Often	Most or all of the time
E1. You completed all required coursework/training activities.	1	2	3	4	5
E2. You went above and beyond in your educational activities. <i>(for example, completing assignments ahead of schedule, participating in educational activities outside of class)</i>	1	2	3	4	5
E3. You did your part to create a positive learning environment. <i>(for example, contributing to discussions, showing appreciation for others' viewpoints)</i>	1	2	3	4	5
E4. The quality of your coursework/training activities was excellent.	1	2	3	4	5

ASK OF THOSE WHO INDICATE THEY ARE A STUDENT IN D1

Over the last 3 months of your education or training, how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
F1. The quality of your education or training experience.	1	2	3	4	5
F2. The extent to which your education or training is advancing your career goals.	1	2	3	4	5
F3. Your learning environment. (for example, teachers and other students, educational setting)	1	2	3	4	5

ASK OF EVERYONE

In the next section we ask about your financial circumstances. Please remember that all information you provide is completely confidential and will be used to better understand your financial well-being. Also, if you are not sure how to answer some of these questions, please provide your best guess.

In this set of questions, your household refers to you, other earners who share the majority of expenses, and those who depend on this income (*for example, children or elders*).

G1. Are you able to pay for all necessary expenses each month, such as mortgage/rent, debt payments, and groceries?

- ☐ Yes
☐ No

G2. Does your household have at least 3 months of your typical income set aside in case of an unexpected financial event?

- ☐ Yes
☐ No

G3. Does your household have the insurance coverage you and/or your family would need if an unexpected financial event were to occur (*for example, disability insurance, property insurance, and/or life insurance*)?

- ☐ Yes
☐ No

G4. Has your household begun to set aside money for retirement?

- ☐ Yes
☐ No

G5. Is your household more than one month behind on your debt payments (*for example, mortgage or credit card*)?

- ☐ No, my household is not more than one month behind in debt payments
- ☐ Yes, my household is over one month behind in debt payments
- ☐ Not applicable- my household does not have any debt

G6. Are you currently concerned that you will lose your housing and be unable to find stable alternative housing?

- ☐ Yes
- ☐ No

ASK ONLY OF THOSE THAT INDICATED WORKING FOR PAY IN A1

G7. What is your current salary or annual income before taxes?

- ___ \$15,000 or less
- ___ \$15,001 - \$25,000
- ___ \$25,001 - \$35,000
- ___ \$35,001 - \$50,000
- ___ \$50,001 - \$75,000
- ___ \$75,001 - \$100,000
- ___ Over \$100,000

ASK OF EVERYONE

Over the last 3 months, how often have you:	Never	Rarely	Sometimes	Often	Most or all of the time
H1. Followed a budget.	1	2	3	4	5
H2. Compared prices when purchasing a product or service.	1	2	3	4	5
H3. Kept a written or electronic record of your spending.	1	2	3	4	5
H4. Been late in paying a bill.	1	2	3	4	5
H5. Had credit card debt that you did not pay off each month.	1	2	3	4	5
H6. Spent more than you could afford on clothing, entertainment, and other extras.	1	2	3	4	5
H7. Contributed part of each paycheck (or other income) to a retirement account such as a 401k or IRA.	1	2	3	4	5
H8. Contributed part of each paycheck (or other income) to a personal savings account.	1	2	3	4	5

ASK OF EVERYONE

Over the last 3 months, how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
I1. Your ability to pay for necessities.	1	2	3	4	5
I2. Your ability to afford extras. (for example, vacation, dinner out)	1	2	3	4	5
I3. The amount of savings you have.	1	2	3	4	5
I4. The amount of debt you have.	1	2	3	4	5

ASK OF EVERYONE

In this next section, you will be asked about your current physical and emotional/mental health.

- J1. Do you have an ongoing physical health condition, illness, or disability *(for example, high blood pressure, pain)*?
- ☐ Yes
- ☐ No
- J2. Do you have an ongoing mental/emotional health condition, illness, or disability *(for example, depression, anxiety)*?
- ☐ Yes
- ☐ No

ASK OF THOSE WHO INDICATE A PHYSICAL HEALTH PROBLEM IN J1 OR A MENTAL HEALTH PROBLEM IN J2 <u>OR</u> IF PARTICIPANT LEFT BOTH J1 AND J2 BLANK

- J3. What ongoing physical or mental/emotional health conditions, illnesses, or disabilities do you have? *Mark all that apply.*
- ☐ High blood pressure or other heart problem
- ☐ High cholesterol
- ☐ Diabetes requiring insulin, other medication, or special diet
- ☐ Obesity
- ☐ Sleep problem or disorder
- ☐ Chronic pain or pain related disorder *(for example, knee, back, migraines)*

- ☐ Arthritis
- ☐ A hearing condition that is not correctable
- ☐ Alcohol or drug (including prescription drugs) abuse/dependence
- ☐ Posttraumatic stress disorder
- ☐ Depression
- ☐ Anxiety disorder (*for example, panic disorder, generalized anxiety disorder*)
- ☐ Other chronic physical or mental health problem #1 (please specify): _____
- ☐ Other chronic physical or mental health problem #2 (please specify): _____
- ☐ Other chronic physical or mental health problem #3 (please specify): _____

ASK OF EVERYONE

- J4. Do you have healthcare coverage (*for example, employer-provided health insurance, Medicaid*)?
- ☐ Yes
- ☐ No

ASK OF EVERYONE

Over the last 3 months, how often have you:	Never	Rarely	Sometimes	Often	Most or all of the time
K1. Eaten a generally healthy diet. (<i>for example, low fat, limited sugar, adequate servings of fruits and vegetables</i>)	1	2	3	4	5
K2. Gotten at least 2 hours and 30 minutes of moderate physical activity OR 1 hour and 15 minutes of vigorous activity each week.	1	2	3	4	5
K3. Done muscle strengthening exercises at least two days per week.	1	2	3	4	5
K4. Gotten quality sleep.	1	2	3	4	5
K5. Had sexual intercourse without a condom with more than one person or with a person you did not know.	1	2	3	4	5
K6. Used tobacco and/or nicotine products. (<i>for example, cigarettes, cigars, vape</i>)	1	2	3	4	5
K7. Used alcohol in a way that put your health at risk. (<i>for example, blacking out, driving drunk</i>)	1	2	3	4	5
K8. Used drugs (including prescription drugs) in a way that put your health at risk. (<i>for example, losing memory or consciousness, driving under the influence</i>)	1	2	3	4	5
K9. Completed recommended medical care.	1	2	3	4	5

<i>(for example, physical exams)</i>					
K10. Maintained personal cleanliness. <i>(for example, personal care, household chores)</i>	1	2	3	4	5
K11. Spent time doing things that you enjoy.	1	2	3	4	5
K12. Spent time doing things that you find personally meaningful.	1	2	3	4	5

ASK OF EVERYONE

Over the last 3 months, how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
L1. Your physical health.	1	2	3	4	5
L2. Your emotional/mental health.	1	2	3	4	5
L3. Your health care.	1	2	3	4	5

ASK OF EVERYONE

In this next section, you will be asked about your romantic relationship involvement.

- M1. What is your current marital status?
- ☐ Never married
 - ☐ Married - first and only marriage
 - ☐ Married - second or later marriage
 - ☐ Separated
 - ☐ Divorced
 - ☐ Widowed

ASK OF THOSE WHO DID NOT INDICATE MARRIED IN M1

- M2. Are you currently in a romantic relationship?
- ☐ Currently in a relationship and living as a couple
 - ☐ Currently in a relationship but not living as a couple
 - ☐ Not currently in a relationship

ASK OF THOSE WHO INDICATE MARRIED ON M1 OR IN A RELATIONSHIP ON M2

Over the last 3 months, how often have you done the following in your romantic relationship:	Never	Rarely	Sometimes	Often	Most or all of the time
N1. Provided your significant other with the emotional support they sought.	1	2	3	4	5
N2. Shared your intimate thoughts and feelings.	1	2	3	4	5

N3. Done your fair share of day-to-day tasks. <i>(for example, grocery shopping, errands, planning activities)</i>	1	2	3	4	5
N4. Initiated leisure time activities that both you and your significant other enjoy.	1	2	3	4	5
N5. Made effort to work through disagreements respectfully.	1	2	3	4	5
N6. Expressed interest and/or willingness to engage in regular sexual or physical intimacy.	1	2	3	4	5

ASK OF THOSE WHO INDICATE MARRIED ON M1 OR IN A RELATIONSHIP ON M2

Everybody has aspects of their relationship that make them more or less happy. Over the last 3 months, how satisfied have you been with your significant other's contribution to the following aspects of your romantic relationship:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
O1. Emotional closeness. <i>(for example, sharing personal thoughts and feelings)</i>	1	2	3	4	5
O2. Companionship. <i>(for example, doing enjoyable activities together)</i>	1	2	3	4	5
O3. Sexual and physical intimacy. <i>(for example, holding hands or having sex)</i>	1	2	3	4	5
O4. Intellectual connection. <i>(for example, having many things to talk about)</i>	1	2	3	4	5
O5. Security. <i>(for example, being able to trust and depend on partner)</i>	1	2	3	4	5
O6. Division of day-to-day tasks. <i>(for example, you partner's contribution to chores and planning activities)</i>	1	2	3	4	5

ASK OF EVERYONE

In this next section, you will be asked about your parenting experiences.

P1. Are you a parent or have you served in a parenting role during the past three months?

- ☐ Yes
☐ No

ASK OF THOSE WHO INDICATE HAVING CHILDREN OR BEING IN A PARENTING ROLE IN P1

P2. Do you have children who are age 18 or younger?

- ☐ Yes
☐ No

ASK OF ALL THOSE WHO HAVE CHILDREN UNDER 18 IN P2

Please answer the following questions with regard to children 18 or under for whom you have parenting responsibilities.

All parents have strengths and weaknesses. Over the last 3 months, how often have you:	Never	Rarely	Sometimes	Often	Most or all of the time
Q1. Provided a healthy environment for your child(ren). <i>(for example, preparing healthy meals, caring for their health, keeping them safe)</i>	1	2	3	4	5
Q2. Been a good example for your child(ren). <i>(for example, being respectful during disagreements with others, taking good care of your own health).</i>	1	2	3	4	5
Q3. Been actively involved in your child(ren)'s activities. <i>(for example, regularly attending sporting and school events, giving your full attention during time together)</i>	1	2	3	4	5
Q4. Met your child(ren)'s needs for physical affection and emotional support. <i>(for example, giving them hugs, being sympathetic to their problems)</i>	1	2	3	4	5
Q5. Been able to successfully manage your child(ren)'s unique challenges. <i>(for example, effectively disciplining children)</i>	1	2	3	4	5

ASK OF THOSE WHO INDICATE HAVING CHILDREN OR BEING IN A PARENTING ROLE IN P1

Please answer the following questions with regard to ALL children for whom you have parenting responsibilities.

Parenting can be both rewarding and challenging. How satisfied have you been with the following aspects of your parenting experiences over the last 3 months:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
R1. How close you are with your child(ren).	1	2	3	4	5
R2. How much enjoyment you get from parenting.	1	2	3	4	5
R3. How your child(ren) are doing in life.	1	2	3	4	5

ASK OF EVERYONE

In this next section, you will be asked about your experiences in your broader community, as well as your relationships with relatives and friends.

	No	Yes
Over the last 3 months, have you <u>regularly</u> done the following:		
S1. Participated in a religious or spiritual community.	0	1
S2. Volunteered for a charity, political group, or other local organization. (for example, a service organization, a political campaign)	0	1
S3. Participated in a community group that shares similar hobbies. (for example, a sports team, a book club)	0	1
S4. Participated in a community group with shared background characteristics. (for example, a Veterans organization, moms' group)	0	1
S5. Attended broader community social events. (for example, town road race, music festival)	0	1
S6. Spent time with relatives other than your significant other or children. (for example, getting together, catching up by telephone or email)	0	1
S7. Spent time with close friends. (for example, getting together, catching up by telephone or email)	0	1

ASK OF EVERYONE

Over the last 3 months, how often have you:	Never	Rarely	Sometimes	Often	Most or all of the time
T1. Gotten along well with members of your community.	1	2	3	4	5
T2. Followed the rules and expectations of your community. <i>(for example, driving the speed limit, being quiet in the evening and early morning hours)</i>	1	2	3	4	5
T3. Helped out with your community's needs. <i>(for example, assisting neighbors in need, volunteering for community projects)</i>	1	2	3	4	5
T4. Provided support or help to friends when needed.	1	2	3	4	5
T5. Been available when friends wanted to spend time together.	1	2	3	4	5
T6. Gotten along well with friends.	1	2	3	4	5
T7. Provided support or help to relatives other than your significant other or children when needed.	1	2	3	4	5
T8. Been available when relatives other than your significant other or children wanted to spend time together.	1	2	3	4	5
T9. Gotten along well with relatives other than your significant other or children.	1	2	3	4	5

ASK OF EVERYONE

Over the last 3 months, how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
U1. The area where you live. <i>(for example, available resources, safety)</i>	1	2	3	4	5
U2. Your sense of belonging in your community.	1	2	3	4	5
U3. Your relationships with relatives other than your significant other or children.	1	2	3	4	5
U4. Your relationships with friends.	1	2	3	4	5

How often would someone be available...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
to help you if you were confined to bed?	0	1	2	3	4
to take you to the doctor if you need it?	0	1	2	3	4
to prepare your meals if you are unable to do it?	0	1	2	3	4
to help with daily chores if you were sick?	0	1	2	3	4
to have a good time with?	0	1	2	3	4
to turn to for suggestions about how to deal with a personal problem?	0	1	2	3	4
who understands your problems?	0	1	2	3	4
to love and make you feel wanted?	0	1	2	3	4

Now we are going to ask you some general questions about your life, some of which are similar to questions we have already asked.

	Never										Always
1. How much of the time do you feel you are making progress toward accomplishing your goals?	0	1	2	3	4	5	6	7	8	9	10
2. How often do you become absorbed in what you are doing?	0	1	2	3	4	5	6	7	8	9	10
3. In general, how often do you feel joyful?	0	1	2	3	4	5	6	7	8	9	10
4. How often do you achieve the important goals you have set for yourself?	0	1	2	3	4	5	6	7	8	9	10
	Not at all										Completely
5. In general, to what extent do you lead a purposeful and meaningful life?	0	1	2	3	4	5	6	7	8	9	10
6. To what extent do you receive help and support from others when you need it?	0	1	2	3	4	5	6	7	8	9	10
7. In general, to what extent do you feel that what you do in	0	1	2	3	4	5	6	7	8	9	10

your life is valuable and worthwhile?											
8. In general, to what extent do you feel excited and interested in things?	0	1	2	3	4	5	6	7	8	9	10
	Never										Always
9. How often do you feel positive?	0	1	2	3	4	5	6	7	8	9	10
10. How often are you able to handle your responsibilities?	0	1	2	3	4	5	6	7	8	9	10
11. How often do you lose track of time while doing something you enjoy?	0	1	2	3	4	5	6	7	8	9	10
	Not at all										Completely
12. To what extent do you feel loved?	0	1	2	3	4	5	6	7	8	9	10
13. To what extent do you generally feel you have a sense of direction in your life?	0	1	2	3	4	5	6	7	8	9	10
14. How satisfied are you with your personal relationships?	0	1	2	3	4	5	6	7	8	9	10
15. In general, to what extent do you feel contented?	0	1	2	3	4	5	6	7	8	9	10
16. How lonely do you feel in your daily life?	0	1	2	3	4	5	6	7	8	9	10

We all have experiences in life that can be difficult to deal with. Please indicate how much stress you have had as a result of the following experiences <u>in the last 3 months</u>. If you have not had the experience, please select “This does not apply to me.”	This does not apply to me	Hardly any stress	Low stress	Moderate stress	High stress
Feeling unsafe in your neighborhood (<i>for example, due to drug activity or theft</i>)	0	1	2	3	4
Feeling unsafe with other people who live(d) in your home	0	1	2	3	4
Being discriminated against because of race/ethnicity, religion, nationality, gender, sexual orientation, or physical appearance	0	1	2	3	4
Legal problems	0	1	2	3	4

<i>(for example, being sued, being arrested, or involvement in a custody battle)</i>					
Your own physical or mental health problems	0	1	2	3	4
Living with or caring for a relative or friend who has a severe physical, developmental, or mental disability or illness	0	1	2	3	4
Financial problems <i>(for example, not having money to pay bills or losing a job)</i>	0	1	2	3	4
A separation, divorce, or other serious problem in your romantic relationship	0	1	2	3	4
Problems related to your child(ren) <i>(for example, trouble at school or in the community)</i>	0	1	2	3	4
An experience of unwanted sexual attention or contact <i>(for example, inappropriate remarks from coworkers, being forced into sexual activity)</i>	0	1	2	3	4
The death of someone close to you	0	1	2	3	4
Pressure at work or school <i>(for example, heavy workload, not performing well, problems with supervisors)</i>	0	1	2	3	4
Family member with legal, financial, or other problems	0	1	2	3	4

In the following section, you will be asked about your health.

	Excellent	Very Good	Good	Fair	Poor
1. In general, would you say your health is:	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
2. In general, would you say your quality of life is:	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
3. In general, how would you rate your physical health?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
4. In general, how would you rate your mental health, including your mood and your ability to think?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
5. In general, how would you rate your satisfaction with your social activities and relationships?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

community, and responsibilities as a parent, child, spouse, employee, friend, etc.)											
	Completely	Mostly	Moderately	A little	Not at all						
7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
In the past 7 days...	Never	Rarely	Sometimes	Often	Always						
8. How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
	None	Mild	Moderate	Severe	Very severe						
9. How would you rate your fatigue on average?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
10. How would you rate your pain on average?	No pain										Worst pain imaginable
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half of the days	Nearly every day
1. Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For item #5, if “several days” “more than half of the days” or “nearly every day” are selected display the message below:

It seems as though you may be having some thoughts of hurting yourself. This can be a common response to feeling distressed. We want you to know that help is available. We recommend that you contact your primary care provider or call the Veterans Crisis Hotline (1-800-273-8255) if you are experiencing suicidal thoughts.

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- physical or sexual assault or abuse
- an earthquake or flood
- exposure to a warzone
- seeing someone killed or seriously injured
- having a loved one die through homicide or suicide

TR1) Have you **ever** experienced this kind of event?

- ☐ Yes
☐ No

ASK FOR INDIVIDUALS THAT RESPONDED ‘YES’ TO PREVIOUS QUESTION (TR1 - experienced a traumatic event)

In the past <u>month</u>, have you...	YES	NO
a. had nightmares about the event(s) or thought about the event(s) when you did not want to?	<input type="radio"/>	<input type="radio"/>
b. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the events(s)?	<input type="radio"/>	<input type="radio"/>
c. been constantly on guard, watchful, or easily startled?	<input type="radio"/>	<input type="radio"/>
d. felt numb or detached from people, activities, or your surroundings?	<input type="radio"/>	<input type="radio"/>
e. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?	<input type="radio"/>	<input type="radio"/>

ASK EVERYONE

We would like to know about your use of healthcare and services within the past year.

Please check below whether you have used the following types of healthcare or other services through VA and/or non-VA facilities, either in-person and/or virtually (e.g., on zoom), within the past year. Mark all that apply.

	Not used	Used VA services	Used non-VA services
Urgent care/emergency room visit for:			
<input type="checkbox"/> Evaluation, medication, or counseling/therapy for a mental health problem or emotional problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Medical problem (e.g., illness or injury)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital/inpatient stay (overnight) for:			
<input type="checkbox"/> Evaluation, medication, or counseling/therapy for a mental health problem or emotional problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Medical problem (e.g., illness or injury)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient care:			
<input type="checkbox"/> Individual counseling/therapy with a mental health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Group counseling/therapy with a mental health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other type of support group focused on promoting emotional well-being (e.g., managing stress)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support group focused on promoting physical health (e.g., healthy eating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling with a chaplain or other spiritual leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication for:			
<input type="checkbox"/> Mental health or emotional problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Medical problem (e.g., illness or injury)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventative medical care (e.g., annual check-up)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-home health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reproductive health/maternity care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Housing assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check below whether you have used the following health and wellness services, either in-person and/or virtually, at VA and/or non-VA medical facilities within the past year. Mark all that apply.

	Not used	Used VA services	Used non-VA services
Acupuncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Massage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healing touch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guided imagery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meditation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yoga	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tai chi or qi gong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Met with a Whole Health coach to reach your personal health goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a group to learn about Whole Health and to set a personal health goal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussed with a clinician what matters most to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biofeedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aromatherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Music therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Art therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MOVE! weight management program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home assessment with clinician to promote home safety and accessibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1) Please estimate the total number of times you have used any of the previously mentioned services **within VA** in the past year.
 _____ times

2) Please estimate the total number of times you have used any of the previously mentioned services **outside the VA** (i.e., NOT affiliated with the VA) in the past year.
 _____ times

Next, we would like to learn how the coronavirus disease pandemic (COVID-19) has impacted your life.

The following COVID-19 exposures happened to me or a loved one...	Happened to me	Happened to a loved one	Did not happen or does not apply
a. Currently have symptoms of this disease but have not been tested.			
b. Tested and currently have this disease.			
c. Had symptoms of this disease but never tested.			
d. Had symptoms but tested negative.			
e. Tested positive for this disease but no longer have it.			
f. Got medical treatment due to severe symptoms of this disease.			
g. Hospital stay due to this disease.			
h. Someone died of this disease while in our home.			
i. Death of close friend or family member from this disease.			

Please answer the following questions related to treatment of COVID-19 related complications.

The following medical interventions happened to me or a loved one...	Happened to me	Happened to a loved one	Did not happen or does not apply
a. Admitted to the hospital.			
b. If admitted, write in number of days of hospital stay.			
c. Given supplemental oxygen.			
d. Put on a ventilator.			

Lastly, we want to ask you a few questions about how you feel **right now**. This scale consists of a number of words that describe different feelings and emotions. Read each item and indicate to what extent you feel this way right now, that is, at the present moment.

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Distressed	1	2	3	4	5
Upset	1	2	3	4	5
Guilty	1	2	3	4	5
Scared	1	2	3	4	5
Hostile	1	2	3	4	5
Irritable	1	2	3	4	5
Ashamed	1	2	3	4	5
Nervous	1	2	3	4	5
Jittery	1	2	3	4	5
Afraid	1	2	3	4	5

APPENDIX C

SURVEY INTRODUCTION

You are invited to participate in a follow-up survey that includes questions about your overall health and well-being. You may notice that the questions are very similar to questions in the previous survey in September. The survey includes questions about your recent experiences with regard to work, education, health, personal relationships, finances, and other areas of your life. No one has had exactly the same experiences that you have had, so your input is very important.

The survey may take you up to about 30 minutes to complete. If you complete this survey, you will receive 20,000 points for your effort. Please complete the survey on a PC or tablet, as you may have trouble viewing the survey on a mobile device.

It is unlikely that this project will benefit you directly. However, what we learn from you and others will help improve services for Veterans like you. There are minimal risks associated with completing the survey. The main risk is that some of the questions may feel too personal or distressing. It is okay to skip questions that you do not want to answer and all answers will be kept private and will only be used for evaluation purposes. If you experience distress while filling out the survey, please call 911, go to the nearest emergency room, or contact the Veterans Crisis Line at 1-800-273-8255.

First, we would like to know a little about your military background.

1. Are you continuing to serve in the military as a member of the National Guard or Reserves?
(Mark one)

- ☐ No
- ☐ Yes, serving in the Army National Guard
- ☐ Yes, serving in the Air National Guard
- ☐ Yes, serving in the Army Reserve
- ☐ Yes, serving in the Navy Reserve
- ☐ Yes, serving in the Air Force Reserve
- ☐ Yes, serving in the Marine Corps Reserve

Now you are going to be asked some questions about how things are going in your life.

For these questions, please consider the **most important** things that you do, or wish to do, in your daily life. This might include having a job, spending time with family and friends, participating in leisure-time activities, or managing your health or finances.

Over the past three months, what percentage of the time have you been:

1. **Fully satisfied** with how things are going in these aspects of life?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

2. **Regularly involved** in all aspects of life that are important to you?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

3. **Functioning your best** in aspects of life that you do participate in?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

We would like to know how you decided on your answers for these questions and what you think about how we asked these questions. As a reminder, the questions are presented below.

For these questions, please consider the **most important** things that you do, or wish to do, in your daily life. This might include having a job, spending time with family and friends, participating in leisure-time activities, or managing your health or finances.

Over the past three months, what percentage of the time have you been:

1. **Fully satisfied** with how things are going in these aspects of life?
2. **Regularly involved** in all aspects of life that are important to you?
3. **Functioning your best** in aspects of life that you do participate in?

1. If some aspects of your life are going better than others, for example, if things are going well with work but not your health, how did you decide what percentage to report?

- ☐ Averaged across aspects of life
- ☐ Rated the aspect of life that I care about most
- ☐ Rated the aspect of life that is going the worst
- ☐ Rated the aspect of life that is going the best
- ☐ Went with my first impression/gut feeling
- ☐ Other: _____

2A. These questions were intended to ask about 3 different types of veterans' well-being. Was the difference between each question clear?

- ☐ Yes
- ☐ No

2B. Please explain.

3. Do you have any other feedback or comments about these questions, including any suggestions for making them easier to understand?

Now we are going to ask you some other questions about your overall well-being.

Thinking about the past three months, please rate where you feel you are on the scales below.

1) Physical Well-Being

1	2	3	4	5
miserable				great

1	2	3	4	5
miserable				great

1	2	3	4	5
miserable				great

0 (not satisfied at all)	1	2	3	4	5	6	7	8	9	10 (completely satisfied)
--------------------------------	---	---	---	---	---	---	---	---	---	---------------------------------

0	1	2	3	4	5	6	7	8	9	10
(extremely unhappy)										(extremely happy)

Best Possible

10

9

8

7

6

5

4

3

2

1

0

Worst Possible

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

The next set of questions asks about your experiences in the life domains of vocation (work, education), finances, health, and social relationships. Please follow the instructions that are provided at the beginning of each section and select the most appropriate response.

ASK OF EVERYONE

- Working for pay
- Not working for pay but actively looking for paid work
- Not working for pay and not looking for paid work

ASK OF ALL THOSE WHO INDICATED THEY WORK FOR PAY IN A1

A2. In a typical week how many hours do you work for pay? _____

A3. Do you have more than one paid job?

- ☐ Yes
- ☐ No

ASK OF EVERYONE

A8. Do you do any of the following types of unpaid work? *Mark all that apply.*

- ☐ I do not do any unpaid work
- ☐ Full-time care of children under the age of 18
- ☐ Full-time care of an adult (*for example, spouse/parent/disabled child over 18*)
- ☐ Full-time homemaker without full-time child or elder care responsibilities
- ☐ Volunteer work (excluding time spent helping friends, relatives, and/or neighbors)

ASK OF ALL THOSE WHO INDICATED THAT THEY VOLUNTEER IN A8
--

A11. In a typical week, how many hours of unpaid volunteer work do you do? _____

ASK OF THOSE WHO INDICATE WORKING FOR PAY, VOLUNTEERING, OR CAREGIVING/ HOMEMAKING IN A1&A8
--

Please answer the next questions with respect to the PRIMARY WORK you have done over the last 3 months. For fulltime homemakers and/or unpaid caregivers, meal preparation, household maintenance, and/or child-rearing may be considered your work. For volunteers without paid employment, volunteer work is considered your work.

Over the last 3 months, please indicate how often:	Never	Rarely	Sometimes	Often	Most or all of the time
B1. You completed your work when expected. <i>(for example, attending work regularly, completing tasks on time)</i>	1	2	3	4	5
B2. You went above and beyond in your work. <i>(for example, completing required tasks ahead of schedule, taking on extra responsibilities)</i>	1	2	3	4	5
B3. You maintained positive relationships with others in your work setting. <i>(for example, avoiding conflict when possible, being patient with coworkers)</i>	1	2	3	4	5
B4. The quality of your work was excellent.	1	2	3	4	5

ASK OF THOSE WHO INDICATE WORKING FOR PAY IN A1

Over the last 3 months how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
C1. Your pay and benefits.	1	2	3	4	5
C2. Your work environment. <i>(for example, people you work with, work setting)</i>	1	2	3	4	5

ASK OF THOSE WHO INDICATE WORKING FOR PAY, VOLUNTEERING, OR CAREGIVING/ HOMEMAKING IN A1&A8

Please answer the next questions with respect to the PRIMARY WORK you have done over the last 3 months. For fulltime homemakers and/or unpaid caregivers, please note that meal preparation, household maintenance, and/or child-rearing are considered your work. For volunteers, volunteer work is considered your work.

Over the last 3 months, how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
C3. The kind of work you do.	1	2	3	4	5
C4. How much your work contributions are valued.	1	2	3	4	5
C5. Your ability to advance your vocational goals in your current role.	1	2	3	4	5
C6. Your ability to apply your skills and knowledge to your work.	1	2	3	4	5

ASK OF EVERYONE

In this next section, you will be asked about your educational and training experiences.

- D1. Are you currently pursuing additional education or attending a trade or technical/vocational school (excluding on-the-job training)?
- ☐ Yes, full-time (12 or more credits of coursework, if in university setting)
 - ☐ Yes, part-time (less than 12 credits of coursework, if in university setting)
 - ☐ No

ASK OF THOSE WHO INDICATE THEY ARE A STUDENT IN D1

Over the last 3 months of your education or training, please indicate how often:	Never	Rarely	Sometimes	Often	Most or all of the time
E1. You completed all required coursework/training activities.	1	2	3	4	5
E2. You went above and beyond in your educational activities. <i>(for example, completing assignments ahead of schedule, participating in educational activities outside of class)</i>	1	2	3	4	5
E3. You did your part to create a positive learning environment. <i>(for example, contributing to discussions, showing appreciation for others' viewpoints)</i>	1	2	3	4	5
E4. The quality of your coursework/training activities was excellent.	1	2	3	4	5

ASK OF THOSE WHO INDICATE THEY ARE A STUDENT IN D1
--

Over the last 3 months of your education or training, how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
F1. The quality of your education or training experience.	1	2	3	4	5
F2. The extent to which your education or training is advancing your career goals.	1	2	3	4	5
F3. Your learning environment. (for example, teachers and other students, educational setting)	1	2	3	4	5

ASK OF EVERYONE

In the next section we ask about your financial circumstances. Please remember that all information you provide is completely confidential and will be used to better understand your financial well-being. Also, if you are not sure how to answer some of these questions, please provide your best guess.

In this set of questions, your household refers to you, other earners who share the majority of expenses, and those who depend on this income (*for example, children or elders*).

G1. Are you able to pay for all necessary expenses each month, such as mortgage/rent, debt payments, and groceries?

- ☐ Yes
☐ No

G2. Does your household have at least 3 months of your typical income set aside in case of an unexpected financial event?

- ☐ Yes
☐ No

G3. Does your household have the insurance coverage you and/or your family would need if an unexpected financial event were to occur (*for example, disability insurance, property insurance, and/or life insurance*)?

- ☐ Yes
☐ No

G4. Has your household begun to set aside money for retirement?

- ☐ Yes

☐ No

G5. Is your household more than one month behind on your debt payments (*for example, mortgage or credit card*)?

- ☐ No, my household is not more than one month behind in debt payments
☐ Yes, my household is over one month behind in debt payments
☐ Not applicable - my household does not have any debt

G6. Are you currently concerned that you will lose your housing and be unable to find stable alternative housing?

- ☐ Yes
☐ No

ASK ONLY OF THOSE THAT INDICATED WORKING FOR PAY IN A1

G7. What is your current salary or annual income before taxes?

- ____ \$15,000 or less
 ____ \$15,001 - \$25,000
 ____ \$25,001 - \$35,000
 ____ \$35,001 - \$50,000
 ____ \$50,001 - \$75,000
 ____ \$75,001 - \$100,000
 ____ Over \$100,000

ASK OF EVERYONE

Over the last 3 months, how often have you:	Never	Rarely	Sometimes	Often	Most or all of the time
H1. Followed a budget.	1	2	3	4	5
H2. Compared prices when purchasing a product or service.	1	2	3	4	5
H3. Kept a written or electronic record of your spending.	1	2	3	4	5
H4. Been late in paying a bill.	1	2	3	4	5
H5. Had credit card debt that you did not pay off each month.	1	2	3	4	5
H6. Spent more than you could afford on clothing, entertainment, and other extras.	1	2	3	4	5
H7. Contributed part of each paycheck (or other income) to a retirement account such as a 401k or IRA.	1	2	3	4	5
H8. Contributed part of each paycheck (or other income) to a personal savings account.	1	2	3	4	5

ASK OF EVERYONE

Over the last 3 months, how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
I1. Your ability to pay for necessities.	1	2	3	4	5
I2. Your ability to afford extras. (for example, vacation, dinner out)	1	2	3	4	5
I3. The amount of savings you have.	1	2	3	4	5
I4. The amount of debt you have.	1	2	3	4	5

ASK OF EVERYONE

In this next section, you will be asked about your current physical and emotional/mental health.

- J1. Do you have an ongoing physical health condition, illness, or disability (*for example, high blood pressure, pain*)?
- ☐ Yes
- ☐ No
- J2. Do you have an ongoing mental/emotional health condition, illness, or disability (*for example, depression, anxiety*)?
- ☐ Yes
- ☐ No

ASK OF THOSE WHO INDICATE A PHYSICAL HEALTH PROBLEM IN J1 OR A MENTAL HEALTH PROBLEM IN J2 <u>OR</u> IF PARTICIPANT LEFT BOTH J1 AND J2 BLANK

- J3. What ongoing physical or mental/emotional health conditions, illnesses, or disabilities do you have? *Mark all that apply.*
- ☐ High blood pressure or other heart problem
- ☐ High cholesterol
- ☐ Diabetes requiring insulin, other medication, or special diet

- ☐ Obesity
- ☐ Sleep problem or disorder
- ☐ Chronic pain or pain related disorder (*for example, knee, back, migraines*)
- ☐ Arthritis
- ☐ A hearing condition that is not correctable
- ☐ Alcohol or drug (including prescription drugs) abuse/dependence
- ☐ Posttraumatic stress disorder
- ☐ Depression
- ☐ Anxiety disorder (*for example, panic disorder, generalized anxiety disorder*)
- ☐ Other chronic physical or mental health problem #1 (please specify): _____
- ☐ Other chronic physical or mental health problem #2 (please specify): _____
- ☐ Other chronic physical or mental health problem #3 (please specify): _____

ASK OF EVERYONE

- J4. Do you have healthcare coverage (*for example, employer-provided health insurance, Medicaid*)?
- ☐ Yes
 - ☐ No

ASK OF EVERYONE

Over the last 3 months, how often have you:	Never	Rarely	Sometimes	Often	Most or all of the time
K1. Eaten a generally healthy diet. (<i>for example, low fat, limited sugar, adequate servings of fruits and vegetables</i>)	1	2	3	4	5
K2. Gotten at least 2 hours and 30 minutes of moderate physical activity OR 1 hour and 15 minutes of vigorous activity each week.	1	2	3	4	5
K3. Done muscle strengthening exercises at least two days per week.	1	2	3	4	5
K4. Gotten quality sleep.	1	2	3	4	5
K5. Had sexual intercourse without a condom with more than one person or with a person you did not know.	1	2	3	4	5
K6. Used tobacco and/or nicotine products. (<i>for example, cigarettes, cigars, vape</i>)	1	2	3	4	5
K7. Used alcohol in a way that put your health at risk. (<i>for example, blacking out, driving drunk</i>)	1	2	3	4	5
K8. Used drugs (including prescription drugs) in a way that put your health at risk.	1	2	3	4	5

<i>(for example, losing memory or consciousness, driving under the influence)</i>					
K9. Completed recommended medical care. <i>(for example, physical exams)</i>	1	2	3	4	5
K10. Maintained personal cleanliness. <i>(for example, personal care, household chores)</i>	1	2	3	4	5
K11. Spent time doing things that you enjoy.	1	2	3	4	5
K12. Spent time doing things that you find personally meaningful.	1	2	3	4	5

ASK OF EVERYONE

Over the last 3 months, how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
L1. Your physical health.	1	2	3	4	5
L2. Your emotional/mental health.	1	2	3	4	5
L3. Your health care.	1	2	3	4	5

ASK OF EVERYONE

In this next section, you will be asked about your romantic relationship involvement.

- M1. What is your current marital status?
- ☐ Never married
 - ☐ Married - first and only marriage
 - ☐ Married - second or later marriage
 - ☐ Separated
 - ☐ Divorced
 - ☐ Widowed

ASK OF THOSE WHO DID NOT INDICATE MARRIED IN M1

- M2. Are you currently in a romantic relationship?
- ☐ Currently in a relationship and living as a couple
 - ☐ Currently in a relationship but not living as a couple
 - ☐ Not currently in a relationship

ASK OF THOSE WHO INDICATE MARRIED ON M1 OR IN A RELATIONSHIP ON M2

Over the last 3 months, how often have you done the following in your romantic relationship:	Never	Rarely	Sometimes	Often	Most or all of the time
---	-------	--------	-----------	-------	-------------------------

N1. Provided your significant other with the emotional support they sought.	1	2	3	4	5
N2. Shared your intimate thoughts and feelings.	1	2	3	4	5
N3. Done your fair share of day-to-day tasks. (for example, grocery shopping, errands, planning activities)	1	2	3	4	5
N4. Initiated leisure time activities that both you and your significant other enjoy.	1	2	3	4	5
N5. Made effort to work through disagreements respectfully.	1	2	3	4	5
N6. Expressed interest and/or willingness to engage in regular sexual or physical intimacy.	1	2	3	4	5

ASK OF THOSE WHO INDICATE MARRIED ON M1 OR IN A RELATIONSHIP ON M2

Everybody has aspects of their relationship that make them more or less happy. Over the last 3 months, how satisfied have you been with your significant other's contribution to the following aspects of your romantic relationship:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
O1. Emotional closeness. (for example, sharing personal thoughts and feelings)	1	2	3	4	5
O2. Companionship. (for example, doing enjoyable activities together)	1	2	3	4	5
O3. Sexual and physical intimacy. (for example, holding hands or having sex)	1	2	3	4	5
O4. Intellectual connection. (for example, having many things to talk about)	1	2	3	4	5
O5. Security. (for example, being able to trust and depend on partner)	1	2	3	4	5
O6. Division of day-to-day tasks. (for example, you partner's contribution to chores and planning activities)	1	2	3	4	5

ASK OF EVERYONE

In this next section, you will be asked about your parenting experiences.

P1. Are you a parent or have you served in a parenting role during the past three months?

- ☐ Yes
☐ No

ASK OF THOSE WHO INDICATE HAVING CHILDREN OR BEING IN A PARENTING ROLE IN P1

P2. Do you have children who are age 18 or younger?

- ☐ Yes
☐ No

ASK OF ALL THOSE WHO HAVE CHILDREN UNDER 18 IN P2

Please answer the following questions with regard to children 18 or under for whom you have parenting responsibilities.

All parents have strengths and weaknesses. Over the last 3 months, how often have you:	Never	Rarely	Sometimes	Often	Most or all of the time
Q1. Provided a healthy environment for your child(ren). <i>(for example, preparing healthy meals, caring for their health, keeping them safe)</i>	1	2	3	4	5
Q2. Been a good example for your child(ren). <i>(for example, being respectful during disagreements with others, taking good care of your own health).</i>	1	2	3	4	5
Q3. Been actively involved in your child(ren)'s activities. <i>(for example, regularly attending sporting and school events, giving your full attention during time together)</i>	1	2	3	4	5
Q4. Met your child(ren)'s needs for physical affection and emotional support. <i>(for example, giving them hugs, being sympathetic to their problems)</i>	1	2	3	4	5
Q5. Been able to successfully manage your child(ren)'s unique challenges. <i>(for example, effectively disciplining children)</i>	1	2	3	4	5

ASK OF THOSE WHO INDICATE HAVING CHILDREN OR BEING IN A PARENTING ROLE IN P1

Please answer the following questions with regard to ALL children for whom you have parenting responsibilities.

Parenting can be both rewarding and challenging. How satisfied have you been with the following aspects of your parenting experiences over the last 3 months:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
R1. How close you are with your child(ren).	1	2	3	4	5
R2. How much enjoyment you get from parenting.	1	2	3	4	5
R3. How your child(ren) are doing in life.	1	2	3	4	5

ASK OF EVERYONE

In this next section, you will be asked about your experiences in your broader community, as well as your relationships with relatives and friends.

Over the last 3 months, have you <u>regularly</u> done the following:	No	Yes
S1. Participated in a religious or spiritual community.	0	1
S2. Volunteered for a charity, political group, or other local organization. (for example, a service organization, a political campaign)	0	1
S3. Participated in a community group that shares similar hobbies. (for example, a sports team, a book club)	0	1
S4. Participated in a community group with shared background characteristics. (for example, a Veterans organization, moms' group)	0	1
S5. Attended broader community social events. (for example, town road race, music festival)	0	1
S6. Spent time with relatives other than your significant other or children. (for example, getting together, catching up by telephone or email)	0	1
S7. Spent time with close friends. (for example, getting together, catching up by telephone or email)	0	1

ASK OF EVERYONE

Over the last 3 months, how often have you:	Never	Rarely	Sometimes	Often	Most or all of the time
T1. Gotten along well with members of your community.	1	2	3	4	5
T2. Followed the rules and expectations of your community. <i>(for example, driving the speed limit, being quiet in the evening and early morning hours)</i>	1	2	3	4	5
T3. Helped out with your community's needs. <i>(for example, assisting neighbors in need, volunteering for community projects)</i>	1	2	3	4	5
T4. Provided support or help to friends when needed.	1	2	3	4	5
T5. Been available when friends wanted to spend time together.	1	2	3	4	5
T6. Gotten along well with friends.	1	2	3	4	5
T7. Provided support or help to relatives other than your significant other or children when needed.	1	2	3	4	5
T8. Been available when relatives other than your significant other or children wanted to spend time together.	1	2	3	4	5
T9. Gotten along well with relatives other than your significant other or children.	1	2	3	4	5

ASK OF EVERYONE

Over the last 3 months, how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
U1. The area where you live. <i>(for example, available resources, safety)</i>	1	2	3	4	5
U2. Your sense of belonging in your community.	1	2	3	4	5
U3. Your relationships with relatives other than your significant other or children.	1	2	3	4	5
U4. Your relationships with friends.	1	2	3	4	5

How often would someone be available...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
to help you if you were confined to bed?	0	1	2	3	4
to take you to the doctor if you need it?	0	1	2	3	4
to prepare your meals if you are unable to do it?	0	1	2	3	4
to help with daily chores if you were sick?	0	1	2	3	4
to have a good time with?	0	1	2	3	4
to turn to for suggestions about how to deal with a personal problem?	0	1	2	3	4
who understands your problems?	0	1	2	3	4
to love and make you feel wanted?	0	1	2	3	4

Now we are going to ask you some general questions about your life, some of which are similar to questions we have already asked.

	Never										Always
1. How much of the time do you feel you are making progress toward accomplishing your goals?	0	1	2	3	4	5	6	7	8	9	10
2. How often do you become absorbed in what you are doing?	0	1	2	3	4	5	6	7	8	9	10
3. In general, how often do you feel joyful?	0	1	2	3	4	5	6	7	8	9	10
4. How often do you achieve the important goals you have set for yourself?	0	1	2	3	4	5	6	7	8	9	10
	Not at all										Completely
5. In general, to what extent do you lead a purposeful and meaningful life?	0	1	2	3	4	5	6	7	8	9	10
6. To what extent do you receive help and support from others when you need it?	0	1	2	3	4	5	6	7	8	9	10
7. In general, to what extent do you feel that what you do in	0	1	2	3	4	5	6	7	8	9	10

your life is valuable and worthwhile?											
8. In general, to what extent do you feel excited and interested in things?	0	1	2	3	4	5	6	7	8	9	10
	Never										Always
9. How often do you feel positive?	0	1	2	3	4	5	6	7	8	9	10
10. How often are you able to handle your responsibilities?	0	1	2	3	4	5	6	7	8	9	10
11. How often do you lose track of time while doing something you enjoy?	0	1	2	3	4	5	6	7	8	9	10
	Not at all										Completely
12. To what extent do you feel loved?	0	1	2	3	4	5	6	7	8	9	10
13. To what extent do you generally feel you have a sense of direction in your life?	0	1	2	3	4	5	6	7	8	9	10
14. How satisfied are you with your personal relationships?	0	1	2	3	4	5	6	7	8	9	10
15. In general, to what extent do you feel contented?	0	1	2	3	4	5	6	7	8	9	10
16. How lonely do you feel in your daily life?	0	1	2	3	4	5	6	7	8	9	10

These next set of questions will look familiar to you. We are testing out different ways of asking these questions.

For these questions, please consider the **most important** roles and activities in your life.

Over the past three months what percentage of the time have you been:

- 1) fully satisfied with how things are going overall in your most important roles and activities? [0-100%] _____
- 2) able to regularly participate in the roles and activities that are most important to you? [0-100%] _____
- 3) able to function your best in the most important roles and activities that you participate in? [0-100%] _____

We all have experiences in life that can be difficult to deal with. Please indicate how much stress you have had as a result of the following experiences <u>in the last 6 months</u>. If you have not had the experience, please select “This does not apply to me.”	This does not apply to me	Hardly any stress	Low stress	Moderate stress	High stress
Feeling unsafe in your neighborhood <i>(for example, due to drug activity or theft)</i>	0	1	2	3	4
Feeling unsafe with other people who live(d) in your home	0	1	2	3	4
Being discriminated against because of race/ethnicity, religion, nationality, gender, sexual orientation, or physical appearance	0	1	2	3	4
Legal problems <i>(for example, being sued, being arrested, or involvement in a custody battle)</i>	0	1	2	3	4
Your own physical or mental health problems	0	1	2	3	4
Living with or caring for a relative or friend who has a severe physical, developmental, or mental disability or illness	0	1	2	3	4
Financial problems <i>(for example, not having money to pay bills or losing a job)</i>	0	1	2	3	4
A separation, divorce, or other serious problem in your romantic relationship	0	1	2	3	4
Problems related to your child(ren) <i>(for example, trouble at school or in the community)</i>	0	1	2	3	4
An experience of unwanted sexual attention or contact <i>(for example, inappropriate remarks from coworkers, being forced into sexual activity)</i>	0	1	2	3	4
The death of someone close to you	0	1	2	3	4
Pressure at work or school <i>(for example, heavy workload, not performing well, problems with supervisors)</i>	0	1	2	3	4
Family member with legal, financial, or other problems	0	1	2	3	4

In the following section, you will be asked about your health.

	Excellent	Very Good	Good	Fair	Poor
1. In general, would you say your health is:	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
2. In general, would you say your quality of life is:	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

3. In general, how would you rate your physical health?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
4. In general, how would you rate your mental health, including your mood and your ability to think?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
5. In general, how would you rate your satisfaction with your social activities and relationships?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
	Completely	Mostly	Moderately	A little	Not at all						
7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
In the past 7 days...	Never	Rarely	Sometimes	Often	Always						
8. How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
	None	Mild	Moderate	Severe	Very severe						
9. How would you rate your fatigue on average?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1						
10. How would you rate your pain on average?	No pain										Worst pain imaginable
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half of the days	Nearly every day
1. Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For item #5, if “several days” “more than half of the days” or “nearly every day” are selected display the message below:

It seems as though you may be having some thoughts of hurting yourself. This can be a common response to feeling distressed. We want you to know that help is available. We recommend that you contact your primary care provider or call the Veterans Crisis Hotline (1-800-273-8255) if you are experiencing suicidal thoughts.

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- physical or sexual assault or abuse
- an earthquake or flood
- exposure to a warzone
- seeing someone killed or seriously injured
- having a loved one die through homicide or suicide

TR1) Have you **ever** experienced this kind of event?

- ☐ Yes
- ☐ No

ASK FOR INDIVIDUALS THAT RESPONDED ‘YES’ TO PREVIOUS QUESTION (TR1 - experienced a traumatic event)

In the past month, have you...	YES	NO
a. had nightmares about the event(s) or thought about the event(s) when you did not want to?	<input type="radio"/>	<input type="radio"/>
b. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the events(s)?	<input type="radio"/>	<input type="radio"/>
c. been constantly on guard, watchful, or easily startled?	<input type="radio"/>	<input type="radio"/>
d. felt numb or detached from people, activities, or your surroundings?	<input type="radio"/>	<input type="radio"/>
e. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?	<input type="radio"/>	<input type="radio"/>

ASK EVERYONE

We would like to know about your use of healthcare and services within the past 6 months.

Please check below whether you have used the following types of healthcare or other services through VA and/or non-VA facilities, either in-person and/or virtually (e.g., on zoom), within the past 6 months. Mark all that apply.

	Not used	Used VA services	Used non-VA services
Urgent care/emergency room visit for:			
<input type="checkbox"/> Evaluation, medication, or counseling/therapy for a mental health problem or emotional problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Medical problem (e.g., illness or injury)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital/inpatient stay (overnight) for:			
<input type="checkbox"/> Evaluation, medication, or counseling/therapy for a mental health problem or emotional problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Medical problem (e.g., illness or injury)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient care:			
<input type="checkbox"/> Individual counseling/therapy with a mental health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Group counseling/therapy with a mental health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Other type of support group focused on promoting emotional well-being (e.g., managing stress)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Support group focused on promoting physical health (e.g., healthy eating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling with a chaplain or other spiritual leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship counseling (e.g., couples counseling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication for:			
<input type="checkbox"/> Mental health or emotional problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Medical problem (e.g., illness or injury)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventative medical care (e.g., annual check-up)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-home health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reproductive health/maternity care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check below whether you have used the following health and wellness services, either in-person and/or virtually, at VA and/or non-VA medical facilities within the past 6 months. Mark all that apply.

	Not used	Used VA services	Used non-VA services
Acupuncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Massage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healing touch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guided imagery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meditation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yoga	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tai chi or qi gong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Met with a Whole Health coach to reach your personal health goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a group to learn about Whole Health and to set a personal health goal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussed with a clinician what matters most to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biofeedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aromatherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Music therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Art therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MOVE! weight management program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home assessment with clinician to promote home safety and accessibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1) Please estimate the total number of times you have used any of the previously mentioned services **within VA** in the past six months.

_____ times

2) Please estimate the total number of times you have used any of the previously mentioned services **outside the VA** (i.e., NOT affiliated with the VA) in the past six months.

_____ times

Next, we would like to learn how the coronavirus disease pandemic (COVID-19) has impacted your life.

The following COVID-19 exposures happened to me or a loved one...	Happened to me	Happened to a loved one	Did not happen or does not apply
j. Currently have symptoms of this disease but have not been tested.			
k. Tested and currently have this disease.			
l. Had symptoms of this disease but never tested.			
m. Had symptoms but tested negative.			
n. Tested positive for this disease but no longer have it.			
o. Got medical treatment due to severe symptoms of this disease.			
p. Hospital stay due to this disease.			
q. Someone died of this disease while in our home.			
r. Death of close friend or family member from this disease.			

Please answer the following questions related to treatment of COVID-19 related complications.

The following medical interventions happened to me or a loved one...	Happened to me	Happened to a loved one	Did not happen or does not apply
e. Admitted to the hospital.			
f. If admitted, write in number of days of hospital stay.			
g. Given supplemental oxygen.			
h. Put on a ventilator.			

CV1. Have you received a COVID-19 vaccine?

- ☐ No
☐ Yes

ASK FOR INDIVIDUALS THAT RESPONDED 'YES' TO PREVIOUS QUESTION (CV1 – received covid-19 vaccine)

CV2. Have you received the first dose?

- ☐ No
☐ Yes
☐ N/A - received a single dose vaccine

CV3. Have you received the second dose?

- ☐ No
☐ Yes
☐ N/A - received a single dose vaccine

ASK OF EVERYONE.

Lastly, we want to ask you a few questions about how you feel **right now**. This scale consists of a number of words that describe different feelings and emotions. Read each item and indicate to what extent you feel this way right now, that is, at the present moment.

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Distressed	1	2	3	4	5
Upset	1	2	3	4	5
Guilty	1	2	3	4	5

Scared	1	2	3	4	5
Hostile	1	2	3	4	5
Irritable	1	2	3	4	5
Ashamed	1	2	3	4	5
Nervous	1	2	3	4	5
Jittery	1	2	3	4	5
Afraid	1	2	3	4	5